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Pregnancy and expectant parenthood create new learning needs and challenges for each woman, her partner, members of her family, and her support system. These needs may include information about health, perinatal care facts and practice and mastery of new skills or changes in current health habits.

The goals of health education are to:

- provide clients with information
- assist clients in making informed decisions about their pregnancies
- help clients change behaviors to have healthier pregnancies and babies

The following health education guidelines were designed to provide information on basic topics from early pregnancy to post-partum. The topics covered are not exhaustive and are limited to less complicated, more commonly occurring health needs. The medical provider is responsible for the client's health education needs, particularly educational needs for complex conditions.

All health education interventions should be preceded by a health education assessment. The health education assessment will help identify the client's knowledge, past experiences, sources of support, health practices and personal goals. You will also note how she best learns, what she'd like to know more about, and what would motivate her to learn. This information will help you develop an educational plan to meet the needs of the client.



See the CPSP Provider Handbook for a description of required health education assessment components, components of basic health education, complex health education conditions warranting specialized attention, and required CPSP health education personnel.

## Assessment Guidelines

Complete an initial health education assessment on every client within four weeks of entry into care. If the client declines the assessment, document in the chart. Offer assessments at future visits. Some clients may need to be offered the assessments several times.

**Offer reassessments at least once every trimester and at the postpartum visit.** High risk clients may need more interventions and may be seen more frequently.



An effective plan for health education should include a set of basic topics that cover everything from early pregnancy through postpartum.

At a minimum, health education services and written materials should be available on the topics listed on these two pages.

Some clients may need education on all of these topics whereas others may be very experienced with them. Also, clients may ask for education on topics that are not included here.

The timeline to use in addressing these topics will vary, depending on how far along in pregnancy the client is when she begins her prenatal care, what past experiences have taught her and what her current needs are. The objectives are set up, generally, in order from early prenatal to postpartum care.

Not all of the topics listed here are covered in these health education guidelines.

During the health education process, each client should be able to understand the following topics. She should also be able to identify her strengths and concerns in these areas, and discover ways to resolve any problems.

## **Discomforts and danger signs of pregnancy**

- List at least three common discomforts and three danger signs, and be able to tell the difference between those that are discomforts versus those needing immediate attention.
- Identify actions to take and support networks to use if experiencing a danger sign, including daytimes, evenings or weekends.

## **Pregnancy changes/fetal growth**

- Identify basic terminology relating to anatomy, conception, fetal development and pregnancy changes.
- Describe the significance of prenatal exercises (including Kegels) and how to perform at least three.

## **Preterm labor/kick counts**

- List preterm labor symptoms and describe what to do if she experiences them.
- Demonstrate how to do kick counts.

## **Drugs, smoking, alcohol during pregnancy**

- Identify risks associated with use of alcohol, tobacco, over-the-counter drugs, and street drugs.
- Consider reducing, eliminating, or seeking treatment for any non-recommended substance she uses.
- State one reason for alerting all of her health and dental care providers that she is pregnant.

## **Sexuality, birth control, STIs and HIV**

- State her plan for future childbearing and, if applicable, describe any contraceptive methods she would consider using.
- Identify how STIs, including HIV, are transmitted, their negative health impact, and how to prevent infection.
- State that a medical treatment is a benefit of early detection of HIV infection in pregnant women.
- Identify a site where she can be tested for HIV if she desires it.
- Discuss intimacy and sexuality during pregnancy and postpartum.



**Cautions and workplace/home safety**

- Identify at least four potentially dangerous activities or foods to avoid while pregnant.
- Discuss any reproductive hazards at home or work she needs to avoid.

**Labor and delivery**

- Identify five routine hospital procedures used during labor and delivery, such as IVs, episiotomy, external monitoring, etc.
- Discuss symptoms of labor and changes in different stages of labor.
- Identify at least two reasons for having a cesarean section.
- Identify a support person for labor and delivery.
- Identify a plan for transport to the hospital for delivery and return home with the baby.

**Self-care after delivery**

- Identify at least 2 strategies for taking care of physical and emotional needs during the postpartum period.

**Adapting to parenthood**

- Discuss life/family adjustments needed to accommodate the new baby.
- Make a decision about circumcision (in the case of a baby boy) before delivery.
- List items to obtain for baby, and describe changes in home environment to accommodate baby.

**Breastfeeding**

- Discuss breastfeeding benefits.
- Discuss her concerns about breastfeeding and prepare her for feeding her infant.
- Identify someone who will provide her with support regarding breastfeeding.
- Offer breastfeeding classes.

**Infant safety and early detection of illness**

- Discuss the schedule for routine immunizations through age two.
- Identify danger signs in the newborn and what to do if these occur.
- Describe safety precautions required for infants, including car seats (needed before leaving hospital) and sleeping position (on back).
- Identify a pediatric care provider for her baby before she delivers.



## Client rights and responsibilities

- Encourage each client to take an active role in her health care and ask questions if she doesn't understand. Discuss the *Welcome to pregnancy care* and *Your rights as a client* handouts.
- Encourage her to talk about any other practices or substances she uses during pregnancy that might affect her health, so her health care provider can have a full understanding of her health status.
- If she will deliver at a teaching hospital, discuss the practice of having medical students examine her. Tell her that she can decline to participate in any extra examination, studies, or interviews if she wants to. She might want to talk this over with her support person(s) in advance so they will be prepared to ask questions and make decisions about participation.

## Danger signs of pregnancy/emergency procedures

- Practice or role-play what she will do if she experiences a danger sign (who to call, where to go, daytime vs. evening or weekend, what support is available to assist her in getting to the hospital or caring for her other children). See the *Danger signs when you are pregnant* handout.
- Ask her to identify a family member or friend who will also know what to do, so she can ask for their support or assistance if she needs to.

## Services offered

- Describe the reasons for and how she will experience routine medical procedures such as blood samples, urine samples, listening to the baby's heartbeat, pelvic exams, etc.
- Describe the purpose of each component of prenatal services, and related services such as WIC, hospital tours, childbirth preparation classes, prenatal classes, referrals to community agencies, etc.

## Schedule of services

- Describe the purpose of regular prenatal visits and the benefits of perinatal care, such as monitoring the baby's heartbeat, the baby's position, the mother's urine, etc. for signs of problems that can be treated.

## The team of workers

- Explain briefly the experience/training of clinic staff she will meet, such as the differences between a nurse practitioner, a nurse, a nutritionist, a health educator, a social worker or a health worker.

## What services are provided

- Orient her to the labor and delivery hospital (see following page on Hospital Orientation).

## Emergency procedures

- Describe how to use the hospital emergency room and how it differs from the health care provider's office or clinic.









# ***Danger signs when you are pregnant***

**Healthy Mom  
Healthy Baby**

**Watch for these danger signs while you're pregnant.**

**Call us right away if you:**

- Have a fever or chills.
- Feel dizzy.
- Vomit or have a bad stomach ache.
- Have any bleeding from your vagina.
- Feel pain or cramps in your abdomen.

**Don't wait. Call right away if:**

- There is a big change in the way your baby moves, or if your baby moves less often.
- You have a sharp pain when you urinate (pee).
- You have a sudden flow of water or if water leaks from your vagina.
- It's hard for you to breathe.
- You fall or are in a car accident.

**You should also call right away if:**

- Your face or hands swell up.
- You have a really terrible headache, or your headaches go on for days.
- You have any change in your eyesight—blurred vision, flashes of lights, or spots in front of your eyes.
- You gain too much weight too quickly.

**You may have signs of early labor.**

**Call right away if:**

- Your uterus tightens up more than 5 times in one hour, or more often than every 10 minutes.
- You have a lower backache. You may feel pain or a dull pressure in your back.
- Your lower abdomen may hurt. You may feel pain or pressure in your thighs or around your vagina.
- You have a stomach ache or cramps in your abdomen. You may have diarrhea.
- You see a change in the discharge that comes out of your vagina.

**In an emergency call:**

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**On weekends or evenings, call:**

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## Señales de peligro durante su embarazo.

### Llámenos de inmediato si:

- Tiene fiebre o escalofríos.
- Se siente mareada.
- Tiene vómitos o un fuerte dolor de estómago.
- Le sale sangre de la vagina.
- Siente dolor o cólicos en su abdomen.

### No espere. Llame de inmediato si:

- Nota un cambio grande en la manera en que su bebé se mueve, o si se mueve con menos frecuencia.
- Tiene un dolor intenso cuando orina.
- Le sale de repente un flujo de agua de la vagina. Este flujo puede ser mucho o poquito.
- Se le hace difícil respirar.
- Se cae o le ocurre un accidente de carro.

### También debe llamar de inmediato si:

- Se le hincha la cara o las manos.
- Tiene mucho dolor de cabeza, o si el dolor le dura varios días.
- Se le nubla la vista, ve luces, o manchitas en frente de sus ojos.
- Aumenta mucho de peso en muy poco tiempo.

## Quizás tenga señales de parto prematuro.

### Llame de inmediato si:

- Siente que la matriz se le endurece más de 5 veces en una hora. O, si cada dolor le viene en menos de 10 minutos.
- Tiene dolor de espalda (en el área de la cintura). Puede sentir dolor o presión en la espalda.
- Le duele la parte baja de el estómago. Puede sentir dolor o presión en la cadera o alrededor de la vagina.
- Tiene dolor de estómago o cólicos. Puede tener diarrea.
- Ve un cambio en el flujo que le sale de la vagina.

**En un emergencia, llame al:**

**En los fines de semana o en la noche, llame al:**



# ***Your rights as a client***

**Healthy Mom  
Healthy Baby**

***We can work together to keep you and your baby healthy.***

## **You have the right to get good care.**

### **We promise to:**

- Treat you with respect.
- Make sure that what you say to us stays private. Your health care is just between you and us. You should know that we may need to report abuse or violence, so that you can get the help you need.
- Explain to you about what tests you need, and how we do things at this office.
- Answer any questions you might have about your care.

### **You have the right to:**

- Take a look at your medical record with someone from our office.
- Help plan and make choices about your care while you are pregnant, in labor, or giving birth.
- Accept or refuse any care, treatment, or service.



## **You can help us give you the care you need.**

### **It is important to:**

- Be honest about your medical history and the way you live. What you tell us or don't tell us may affect you and your unborn baby's health.
- Ask questions about what you don't understand.
- Respect office policies. Ask questions if you don't understand.
- Follow our advice and instructions. Let us know if you might not be able to follow it for some reason.
- Let us know if there is any change in your health.

### **Be sure to:**

- Keep all your appointments. Please be on time. If you can't keep your appointment, tell us 24 hours ahead of time.
- Tell us if your address or phone number changes.
- Let us know if you have any ideas about making our services better.
- Tell us what you like or don't like about your care.



# Sus derechos como cliente

Healthy Mom  
Healthy Baby

*Trabajamos juntos para mantener a usted y a su bebé saludable.*

**Usted tiene derecho de recibir buen cuidado.**

**Le prometemos:**

- Tratarla con respeto.
- Asegurarnos de lo que nos dice mantener en privado. Su cuidado de salud queda entre usted y nosotros. Sin embargo, usted debe saber que quizás sea necesario reportar el abuso o la violencia, para que pueda recibir la ayuda que necesite.
- Explicarle qué exámenes necesita, y cómo administramos esta oficina.
- Contestar cualquier pregunta que pueda tener acerca de su cuidado.

**Usted tiene derecho de:**

- Revisar su archivo médico con alguien de nuestra oficina.
- Ayudar a planear y a tomar decisiones relacionadas con su cuidado mientras está embarazada, durante el parto o a la hora de dar a luz.
- Aceptar o negarse a cualquier cuidado, tratamiento o servicio.



**Usted puede ayudarnos a que le demos el cuidado que necesita.**

**Es importante que:**

- Sea sincera con respecto a su historia médica y respecto a la forma en que vive. Lo que nos diga o calle puede afectarla a usted y a su bebé.
- Haga preguntas acerca de lo que no entiende.
- Respete los reglamentos de la oficina. Haga preguntas si no entiende algún reglamento.
- Siga nuestro consejo e instrucciones. Déjenos saber si por alguna razón no va a poder seguirlos.
- Avise si hay algún cambio en su salud.

**Otras cosas que debe hacer:**

- Asista a todas sus citas. Llegue a tiempo. Si no puede asistir a su cita, díganos con 24 horas de anticipación.
- Díganos si su domicilio o número de teléfono ha cambiado.
- Comparta sus ideas de cómo podemos mejorar nuestros servicios.
- Háblenos sobre lo que le gusta o no le gusta de su cuidado.



- Ask about her expectations, what she has heard or knows about hospitals.
- Show a video of the hospital, or of birth in a hospital setting, if possible.
- Schedule at least one tour of the hospital for her, and follow up by asking her to explain what she expects during labor and delivery. A second tour may be helpful. Encourage her to bring family members or friends to the tour so they can be supportive during labor and delivery.
- The hospital tour should include the following, as possible:
  - Where to park/drop off. If she is non-English speaking and plans to take a cab, write out a note that can be given to a cab driver with the hospital name and address. (The hospital brochure could be used.)
  - Entrance doors to use at night (if applicable).
  - Information on how to get an interpreter (if needed).
  - Personal items to bring to the hospital (as well as what not to bring).
  - Forms and cards necessary for admission.
  - Demonstration of fetal monitor and different birthing positions in the labor room.
  - Bathroom facilities — where to wash/use the toilet, shower or bathe.
  - Information about beverages/ice available during labor (and how to get them).
  - Information about who can be with her (such as her husband, mother, or sister).
- Visiting policies for other family and friends, and any policies about video taping or taking pictures.
- Information about rooming in and choices she will need to make, such as circumcision, and how to feed the baby.
- Information about the hospital staff (who will help her deliver the baby, and how her blood pressure and temperature will be monitored postpartum, for example).
- In-hospital education about postpartum care of mother, how to care for her baby, etc.
- Length of stay (for vaginal and Cesarean section births).
- Breastfeeding support (lactation consultant, home visiting nurse).
- Hospital security procedures and how she can be sure her baby will be safe.
- Infant car seats, how she will travel with her infant, and how to get a car seat.
- Time of day clients are usually discharged.

In addition, the tour can include classes available at the hospital before the baby's birth, such as childbirth preparation classes.



*If a client has any of the preterm labor warning signs, be sure she knows how to contact her health care provider or emergency number immediately.*

## Goal

Help your client

- understand preterm labor symptoms
- describe what to do if she experiences them

## Background

Between 8 and 10% of babies born in the United States are born prematurely. Preterm births account for more than 60% of newborn deaths. In about two-thirds of preterm births, the cause is never known.

A 1995 study of more than 7.5 million births found that preterm births are the main underlying cause of stillbirths and infant deaths within four weeks of birth.

## Important Information

Preterm labor occurs if a woman less than 37 weeks pregnant begins labor (also called premature labor). Preterm labor that is noticed in time can often be stopped with medical treatment and bed rest.

If preterm labor is not noticed in time, uterine contractions can cause the cervix to open earlier than normal, leading to preterm birth. Preterm birth can cause breathing, feeding and temperature-regulating problems for the baby. Some preterm infants may have mental or physical disabilities. Preterm babies may die.

## Who's at Risk?

**Low risk women are those who:**

- begin prenatal care in the first trimester
- come to prenatal appointments regularly
- avoid using tobacco, alcohol or other drugs
- eat a healthy balance of foods for appropriate weight gain

**High risk women are those with any of the following.**

- history of preterm baby
- history of 3 or more abortions
- preterm labor during the current pregnancy
- pregnancy with twins (or more fetuses)
- abnormalities of the cervix or uterus, such as incompetent cervix, uterine malformations, or fibroids
- abdominal surgery during current pregnancy
- serious infection during current pregnancy
- bleeding in the second trimester of the current pregnancy
- underweight
- placenta previa (the placenta is in front of the cervix)
- DES exposure. DES is a drug that was formerly used to prevent miscarriage. Women today whose mothers were given DES during the pregnancy can have problems, such as cancer and miscarriage.



## Steps to Take

### Discuss warning signs with all clients

Between 20 and 24 weeks of pregnancy discuss the warning signs of preterm labor and what to do if they experience them. Use *If your labor starts too early* handout.

- Explain the signs. Sometimes the signs of preterm labor may be very mild and hard to detect. It may help to have the woman tighten and relax her arm muscle, as an example of how the uterus might feel.
- **Emphasize calling** if any of the warning signs occur.
  - Give *If your labor starts too early* to take with her.
  - Be sure she knows what number to call, weekdays, evenings or nights, and weekends.
  - Rehearse how she will respond if she has warning signs of preterm labor.
- **Explain** that if she has preterm labor warning signs she **must be examined** by a health care provider, who will feel the cervix to see if it is changing. Because contractions may not affect the cervix one day, but can cause dilation the next, **she must be checked each time she has warning signs.**

### Anticipate problems

Some clients hesitate to call their health care providers. Some women want to see if the symptoms will go away by themselves. Others may feel that the symptoms are too mild to “make a fuss” over or that they are too busy to lie down for an hour to evaluate the signs. Others may want to try their own remedies in the comfort of their homes. Show respect for these feelings, but continue to encourage her to call her health care provider.

## Braxton-Hicks contractions

These are normal contractions that can be felt once in a while. Usually they are not painful and do not occur frequently (not as often as every ten minutes).

### Follow-Up For all clients

Ask each client how she will watch for preterm labor signs. Encourage her to continue healthy behaviors and keep the *Watch and Call* idea in mind.

### For clients who are at higher risk

Show each woman how to lie back with her hands on her abdomen to feel for contractions. At each visit, discuss warning signs and what she will do if she experiences one. Encourage her to continue healthy behaviors and keep the *Watch and Call* idea in mind.

## Resources

*Preterm Labor*: Information about what a woman who experiences preterm labor can expect and do, such as bed rest, drugs to suppress labor, and preterm delivery.

American College of Obstetricians & Gynecologists  
409 12th Street SW  
Washington, DC 20024-2188.  
1-800-762-2264

### Childbirth Graphics catalog

(Reading materials to help women cope with such things as prolonged bed rest restrictions.)

Half of women who go into preterm labor have none of the identified risk factors. Emphasize “watch and call” with each woman.



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# *If your labor starts too early*

**Healthy Mom  
Healthy Baby**

**If you go into labor before it's time to have the baby, you need medical care right away.**

## **Watch for these warning signs:**

**Your uterus may tighten or harden.**

These contractions could be normal.

Pay attention if:

- You have more than 5 in one hour.
- They come more often than every 10 minutes.

## **You may have pain.**

- You may have a lower backache. You may feel pain or a dull pressure in your back.
- Your lower abdomen may hurt. You may feel pain or pressure in your thigh or around your vagina.
- You may have a stomach ache or cramps in your abdomen. You may also have diarrhea.

## **You may see a change in the discharge that comes out of your vagina.**

- There may be more mucus.
- It may be bloody or watery.



## **Here's what you can do:**

**If you feel any of these warning signs, do this test:**

- Drink 3 to 4 glasses of water.
- Lie down and turn on your side.
- Place your hands lightly on your bare belly.
- Feel for contractions. Move your hands around. A contraction feels like the muscle tightens or hardens. Then it relaxes and softens.
- Count the number of contractions you feel.
- Do this for up to one hour.

## **Call your health care provider right away if:**

- You have more than 5 contractions in one hour.
- You bleed or leak fluid from your vagina.

**In an emergency call:**

**On weekends and evenings, call:**



# Si el parto comienza antes de tiempo

Healthy Mom  
Healthy Baby

**Si comienza con dolores de parto antes de tiempo, necesita cuidado médico de inmediato.**

**Estas son las señales de peligro:**

**Puede sentir que la matriz se le endurece o se le aprieta.**

Estas contracciones pueden ser normales. Tenga cuidado si:

- Tiene más de 5 dolores en menos de una hora.
- Cada dolor le viene en menos de 10 minutos.

**Quizás tenga dolor.**

- Tiene dolor de espalda (en el área de la cintura). Puede sentir dolor o presión en la espalda.
- Le duele la parte baja de el estómago. Puede sentir dolor o presión en la cadera o alrededor de la vagina.
- Tiene dolor de estómago o cólicos. Puede tener diarrea.

**Quizás note un cambio en el flujo que le sale de la vagina.**

- Quizás tenga más flujo.
- Puede parecer como agua o con poca sangre.



**Lo que tiene que hacer.**

**Si siente cualquiera de estas señales de peligro, haga esta prueba:**

- Tome 3 a 4 vasos de agua.
- Acuéstese de lado.
- Coloque sus manos suavemente sobre su vientre, por debajo de su ropa.
- Sienta las contracciones. Mueva sus manos alrededor. Durante una contracción se siente que el músculo se aprieta y se pone duro. Después se relaja y se suaviza.
- Cuente las contracciones que sienta.
- Haga esto por una hora.

**Llame a su médico de inmediato si:**

- Tiene más de 5 contracciones en una hora.
- Le sale flujo o sangre de la vagina.
- Cualquiera de las señales le duran más de una hora.



*Lack of fetal movement is a sign of possible danger. Baby's movements are important! Know how to count them.*

## Goal

Help your client:

- Be aware of baby's movements every day.
- Become familiar with the various kick count methods.
- Develop a plan with the prenatal provider on how to monitor kick counts and when to contact the clinic or emergency room.

## Background

If a woman is pregnant for the first time, usually she will feel the baby moving (quickening) between 18 and 22 weeks. Women who have been pregnant before may be aware of fetal movement earlier. This fetal movement helps show the well-being of the fetus.

By 22 weeks of pregnancy, the fetus should be felt moving regularly. After 28 weeks of pregnancy, lack of fetal movement over a 24-hour period is a sign of possible trouble. It should be checked by a health care provider.

## Steps to Take

- Discuss with the client the importance of fetal movement and describe the agreed-upon method for monitoring kick counts.
- There are several methods for assessing kick counts. One of the most popular and convenient methods is the "Count to 10" technique: In this method, the woman is advised to feel for kick counts around the same time of day (usually in the evening while lying on her side). She is then asked to record the amount of time it takes to feel 10 fetal movements. For normal pregnancies, this usually occurs within 1 hour and maximally by 2 hours.
- Discuss the Count your baby's kicks handout with the client.
- Practice kick counts with the client.

## Follow-Up

- Follow-up with the client on whether she is regularly monitoring fetal movement and whether there has been any recent change in the pattern of movement. Address her concerns. Point out to her that less than 10 fetal movements in 12 hours could be a danger sign that the baby's health may be compromised.

*After 28 weeks of pregnancy, call the health care provider if the baby has not moved in 24 hours!*



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# Count your baby's kicks

Healthy Mom  
Healthy Baby

## It's a good idea to keep track of how often your baby moves.

Knowing how often your baby moves or "kicks" is a good way to check on your baby's health.

During your seventh month, you can start to count your baby's kicks every day. Try just after you eat a meal. Your baby is most active after you eat.

## Here's how to count your baby's kicks.

- Sit with your feet up or lie down on your left side.
- Check the clock to see what time you start.
- Put your hands on your belly.
- Count how many times your baby moves. A "move" is any kick, wiggle, twist, turn, roll, or stretch. Do not count the baby's hiccups.
- Count up to 10 moves. This should take less than one hour.
- Once the baby has moved 10 times in less than 1 hour, you can stop counting. Then you can go about the rest of your day.

**In an emergency call:**

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**On weekends and evenings, call:**

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## If your baby doesn't move right away, don't worry.

**Your baby may be sleeping. Here's what you can do:**

- Drink something cold.
- Eat something.
- Walk around for 5 minutes.
- Then feel your belly for one more hour.

## Call your health care provider right away if:

- You do not feel 10 moves in the second hour.
- You feel the baby twist, turn, or kick a lot more than usual.



## Es bueno saber con qué frecuencia se mueve su bebé.

Saber cuántas veces se mueve o le “patea” su bebé es una buena manera de saber cómo está la salud de su bebé.

Durante su séptimo mes, puede empezar a contar las pataditas de su bebé todos los días. Trate de hacerlo después de comer. Su bebé es más activo después de que usted come.

## Cómo contar los movimientos de su bebé.

- Siéntese y suba los pies, o acuéstese de lado izquierdo.
- Mire el reloj para saber a que hora empezó.
- Ponga sus manos en su vientre.
- Cuente cuántas veces se mueve su bebé. Un “movimiento” es cualquier patadita, meneo, retorcimiento, vuelta o estiramiento. No cuente los hipos del bebé.
- Cuente hasta 10 movimientos. Esto debe tardar menos de una hora.
- En cuanto sienta el bebé moverse 10 veces en menos de 1 hora, puede dejar de contar.



## Si su bebé no se mueve inmediatamente, no se preocupe.

**Su bebé quizás esté durmiendo. Lo que puede hacer:**

- Tome algo frío.
- Coma algo.
- Camine por unos 5 minutos.
- Entonces sienta su vientre por una hora más.

## Llame a su médico de inmediato si:

- No siente 10 movimientos en la segunda hora.
- Siente que el bebé se está retorciendo, volteando, o pateando mucho más que de costumbre.



# STIs (Sexually Transmitted Infections)

*STIs are infections spread from person to person during sexual activity. Some STIs can also be passed through exchange of blood or skin-to-skin contact.*

## Goals

### Help your client

- understand how STIs are transmitted
- why STIs are a special concern to pregnant women
- symptoms to watch for
- how to prevent transmission

## Background

In the U.S., STIs are second only to the common cold as the most widespread contagious disease. Teens are especially at risk: two-thirds of all STIs occur in people under 25 years of age. Some of the rates of STIs in California are:

- 3.6 cases of syphilis per 100,000 women
- 92.5 cases of congenital syphilis per 100,000 babies born
- 105.4 cases of gonorrhea per 100,000 women
- 340.9 cases of chlamydia per 100,000 women

It is estimated that 25 to 50% of people in the U.S. are infected with genital herpes.

## Important Information

**STIs occur more frequently in women than men**, with more serious health consequences.

Women often have no symptoms and so may not get treatment. Even with no immediate symptoms, STIs can be transmitted to partner(s) or fetuses.

**Bacterial STIs (like syphilis, gonorrhea) can be cured.** Viral STIs, (like HIV, herpes, hepatitis B) can never be cured (some symptoms are treatable).

**Herpes can be fatal or cause brain damage to infants who acquire it.** If a woman has outbreaks of herpes on her cervix at the time of delivery, she may need a Cesarean delivery to reduce the risk of transmission to her baby.

**Congenital syphilis** can occur if the mother has untreated or inadequately treated syphilis during pregnancy. Infants who acquire congenital syphilis are at risk for brain damage, heart disease, skeletal problems and other long-term complications.

## Steps to Take

### For all clients

Discuss STIs during the initial assessment. Review *What You Should Know About STDs* and *You can protect yourself and your baby from STDs* with her. Use the more familiar term, STD, when you talk with her.

### For specific clients

#### Meet client's needs, based on the following:

- **One sex partner, who has no other partner(s).** Briefly discuss *What You Should Know About STDs* and *You can protect yourself and your baby from STDs* and ask if she has any other questions. Encourage her to talk openly about her health with her partner in case he or she has other sex partners. Also encourage her to know her sex partner's history of any STIs. Reaffirm the health benefits of her monogamous lifestyle.
- **More than one sex partner**, or the sex partner has other partner(s), but no history of STIs. Discuss the handouts with her.
- **History of STIs**, STI during this pregnancy, or current symptoms of an STI.





## STI Risks

### What are the risks?

Risks for pregnant women infected with an STI include spontaneous abortion, transmission to the fetus, and even death of the fetus. Other risks for the infants include brain damage, liver or lung damage, blindness, retardation and skeletal problems.

**Transmission to fetus** can occur in utero or during delivery, including:

- bacterial vaginosis
- chlamydia
- genital warts
- gonorrhea
- hepatitis B
- herpes
- pus on the cervix  
(mucopurulent cervicitis MPC)
- syphilis
- trichomonas
- HIV

### Who's at risk?

#### Low risk

- woman has only one sex partner and the partner only has sex with her (a monogamous relationship)

#### High risk

- partner with STI from past relationship
- more than one sex partner
- sex partner has other partners

Go over the handouts with her. Follow up at each visit with support and encouragement to get any STI diagnosed, and to prevent future infections.

## Other protection

- Discuss abstinence (no intercourse) if appropriate for her.
- Review the instructions for condom use found on the next page, if appropriate for her.
- If she cannot use condoms, or if she wants extra protection from STIs, show her samples of spermicidal foam, jelly, cream, suppositories, and VCF. These products can help prevent STIs even when no condom is used.

## Concerns for the partner

To refer sex partner(s) for STI testing, provide the phone number for the County Health Department or refer to her primary health care provider or a community clinic. Ask if she'd like to bring the partner to her next appointment to discuss STIs.

## Difficult situations

Changing a behavior involving sex, such as starting to use condoms, can be very difficult. When a client feels she cannot ask a partner to use condoms, explore ways she feels she could assert herself more. Role-playing can be an empowering tool. Provide positive feedback as she improves in protecting her health, such as initiating a conversation with her partner, trying a condom once, or trying a non-intercourse sexual activity to reduce her risk.



## Follow-Up

If the client has discussed using condoms during sexual activity, ask about success in trying them. Support her efforts and ask if she's had any difficulties.

If the risk of getting an STI increases because a client cannot get her sex partner to use condoms and she is dependent on him for money, housing, or for immigration status, understand that she has many factors to consider. If she understands how STIs are transmitted, what effect they can have on her baby and how to prevent transmission, she must decide how to handle the risk.

## Resources

*How to Use a Condom*  
FamPACT providers  
EDS  
1-800-848-7907

American College of Gynecologists & Obstetricians,  
409 12th Street, NW,  
Washington, DC 20024-2188,  
1-800-762-2264

Educational Programs Associates,  
A Division of California Family Health Council  
1 West Campbell Ave., Suite 45,  
Campbell, CA 95008-1039  
(408) 374-3720

## Condom Instructions

Condoms can help protect against infection for those at risk, or those who engage in risky behavior. To be effective, however, condoms must be used correctly.

Demonstrate condom use with the following guidelines:

- **State that condoms should be put on before sexual intercourse** and left on until all contact is finished.
- **Advise that only water-based lubricants should be used.** (No lotion, Vaseline, baby oil, etc.) Make sure enough water-based lubrication is used.
- **Demonstrate unrolling the condom and squeezing out air** by using a real condom and your fingers, her fingers, or a vegetable.
- **Show how to find the word "latex" on a condom package** and the word "spermicidal" or "nonoxynol-9" on a tube of lubrication.

- **Role-play negotiation with a partner about using condoms** (focus on issues that are important to her, such as not using them for religious reasons, implying a lack of trust in the partner, protecting the baby until both partners can get checked/tested, etc.).
- **Discuss difficulties** with using condoms and solutions that may work for her. For example, if she is too embarrassed to buy condoms:  
Can the clinic provide them for her?  
Can she order them by mail?  
Is there a store where she would be comfortable buying them?
- **See if she's had bad experiences with condoms breaking in the past.** Suggest using only latex condoms and water-based lubricants.



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# *What you should know about STDs*

**Healthy Mom  
Healthy Baby**

## **What are STDs?**

STDs (Sexually Transmitted Diseases) are diseases people get from having sex with someone who has an STD.

You may have heard of gonorrhea, syphilis, herpes, or chlamydia. HIV, the virus that causes AIDS, is also an STD.

## **STDs can spread when:**

- You have sex without a condom.
- You have sex with more than one partner.
- Your sex partner has sex with other partners.

## **STDs can spread to your unborn baby.**

**If you do not get treatment, these diseases can cause many problems for you and your baby:**

- The baby could miscarry.
- The baby might be born too soon.
- The baby may have birth defects or other health problems.
- You could get very sick.



## **Call right away if you:**

- Have burning or itching around the vagina.
- Have pain in the pelvic area.
- Have a strange discharge from your vagina. It may:
  - Smell bad.
  - Be colored or bubbly.

## **You should also call your health care provider if you:**

- Bleed from the vagina.
- Have pain when you have sex.
- See sores, bumps, or blisters around your vagina or mouth.
- Have burning when you urinate (pee).

## **You or your partner may not have any signs of an STD.**

Even if you don't see any signs, it can still spread. You may have signs that go away. But the STD stays in the body.

## **You can get tested for STDs.**

That way you can get the care you need if you have an STD. This is very important when you are pregnant. Get the care you need right away to protect your health and the health of your baby.



## ¿Que son las ETS?

Las ETS (Enfermedades Transmitidas Sexualmente) se contraen al tener relaciones sexuales con alguien que tiene una ETS.

Quizá haya escuchado hablar de la gonorrea, la sífilis, el herpes, o la clamidia. El VIH, el virus que causa el SIDA, es también una ETS.

## Las ETS se transmiten cuando:

- Usted tiene relaciones sin usar un condón.
- Usted tiene relaciones con más de una persona.
- Usted tiene una pareja que tiene relaciones con otras personas.

## Las ETS pueden ser transmitidas a su bebé antes de nacer.

**Si no recibe tratamiento, estas enfermedades pueden causar muchos problemas para usted y para su bebé:**

- Puede abortar al bebé.
- El bebé puede nacer antes de tiempo.
- El bebé puede tener defectos de nacimiento u otros problemas de salud.
- Usted se puede enfermar gravemente.



## Hable con su médico de inmediato si:

- Tiene ardor o comezón alrededor de la vagina.
- Tiene dolor en la área pélvica.
- Le sale un desecho raro de la vagina:
  - Que tiene mal olor.
  - Que tiene color o es espumoso.

## También debe llamar a su médico si:

- Le sale un poco de sangre de la vagina.
- Siente dolor al tener relaciones sexuales.
- Tiene llagas, ronchas o ampollas alrededor de la vagina o boca.
- Siente dolor al orinar.

## Usted y su pareja tal vez no noten ningún síntoma de una ETS.

Aunque no sientan ningún síntoma, la enfermedad aún se puede transmitir. Puede tener síntomas que desaparecen. Pero la enfermedad permanece en el cuerpo.

### Puede hacerse pruebas contra las ETS.

De esa manera puede recibir el tratamiento que necesita si tiene una ETS. Es muy importante cuando está embarazada. Obtenga el cuidado que necesita de inmediato para proteger su salud y la salud de su bebé.



**HIV is the virus that causes AIDS.  
The virus can be passed from one  
person to another in blood, semen,  
vaginal secretions, breast milk, or  
from a pregnant woman to her baby.**

## Goal

### Help your client

- understand that HIV-infected pregnant women benefit from early detection and medical treatment
- know where she can be tested for HIV if she desires
- know how to prevent the transmission of HIV

## Background

The rate of women getting AIDS is growing: 20% of the new cases of AIDS being diagnosed are in women. As of December 1995, nearly 5,500 women aged 20 years or older have been diagnosed with AIDS in California. Many more are infected with HIV (maybe 10 times as many). Most women are infected through heterosexual sex, with 72% of the AIDS cases diagnosed in women between the ages of 25 and 44. Approximately 50% of women giving birth to an HIV positive infant are not aware of their own HIV status.

In the U.S., the rate for HIV transmission from pregnant women to their babies has been 20 to 25% (1 in 4 babies). One study found that the transmission rates were lowered to 8.3% (1 in 12 babies) if the women met certain criteria and took AZT during pregnancy and delivery and their babies took AZT for 6 weeks. Use of AZT treatment is now recommended for most HIV-infected women who are pregnant.

## Steps to Take

### All clients

In California, prenatal care providers must offer Human Immunodeficiency Virus (HIV) information, counseling, and testing to all pregnant women during prenatal care.

Prenatal care providers are required to give information and counseling that shall include (but not be limited to):

- A description of the modes of HIV transmission
- A discussion of risk reduction behavior modifications, including methods to reduce the risk of perinatal transmission

## Who's at risk?

Women at risk for HIV infection are women who currently engage in or have a history of:

- Multiple sexual partners
- Using alcohol and/or drugs, especially sharing needles for injecting drugs
- Having sex with a man who has had sex with other men
- Having sex with a man who has hemophilia and may have received blood transfusions
- Receiving blood by transfusion or blood products before 1985
- Having sex with a partner who has had multiple sexual partners or used drugs or alcohol
- Unprotected sexual encounters



- Referral information to other HIV prevention and psychosocial services, if appropriate, including anonymous and confidential test sites.

When offering testing, the clinician shall include all of the following:

- The purpose of the test
- The risks and benefits of the test
- The voluntary nature of the test

Testing must be offered, but the test itself is entirely voluntary. The provider may arrange for HIV testing, which may include referral to a provider lab or to anonymous or confidential test sites approved by the Office of AIDS. Confidentiality will be maintained for women who choose to have the test. That decision, as well as the test results, will be kept confidential.

**There is no cure for HIV, but women can take the drug AZT** and other drugs to prolong their lives and maintain their health. AZT also can dramatically reduce the chance that HIV will be transmitted to the fetus.

**Find out what she already knows about HIV or AIDS**, or has experience with. Find out if she understands how the HIV virus causes infection and is transmitted, or if she has other concerns.

## For clients with earlier testing

- If a client has already had an HIV test, with negative results, be sure it was at least 3 to 6 months after exposure to possible infection (such as unprotected sex or needle sharing). If the test was a short period after exposure, it should be repeated in 6 months when antibodies have had time to build up in the body.
- If the client has had an HIV test with positive results but no follow-up, recommend a further test to rule out any possibility of error.

*HIV risk is sometimes one of many variables a woman considers in deciding how she will behave. Religious and cultural issues can keep a woman from using condoms or from questioning her partner's fidelity.*

- Discuss practicing “safer sex” (not exchanging body fluids, avoiding intercourse, and using condoms and other protection, etc.) and how to avoid sharing needles.
- Refer immediately to a health care/social services program for HIV-infected pregnant women. This will help her make an informed decision about the pregnancy, take advantage of drug treatments and other services specifically for HIV-infected pregnant women, and learn about reducing transmission to others.

## For HIV information, counseling, and testing

### Patient Education Prior to Consent to be Tested

#### 1. Provide information on HIV (See the handout **What You Should Know About HIV.**)

- Transmission / high-risk behavior
  - unprotected sexual encounters
  - sharing needles and other drug use paraphernalia (including steroids, vitamins, hormones)
  - other drug/alcohol use that may affect decision-making
  - multiple blood transfusions
- Effects on health





2. Explain testing method.
  - A blood test
  - Results - one to two weeks
3. Explain meaning of test results.
  - Reactive (Positive/evidence of virus found)
  - Non-Reactive (Negative/evidence of virus not found)
4. Relate potential misuse of test results.
  - Employment
  - Insurance
5. Teach patient how to stay healthy.
  - Abstinence, monogamy, safer sex
  - Don't share needles or misuse drugs
6. Obtain signed informed consent and document in chart.

## **Disclosure - Non-Reactive (Negative/Virus not found) - Give Results**

1. Teach client how to stay healthy.
  - Abstinence, monogamy, safer sex
  - Don't share needles
2. Reinforce healthy behavior.
3. Determine if retesting is necessary.
  - Window period: high risk behavior within 6 months

## **Disclosure - Reactive (Positive/virus found)**

1. Anticipate/prepare for client reaction.
2. Allow patient to react.
3. Provide resources and referral to agency and/or individual knowledgeable about HIV in the community.
4. Provide information about disease process.
  - Symptoms
  - Progression (very individual)

- Discuss role of AZT in reduction of perinatal transmission.
  - Provide appropriate medical follow-up and/or referral.
5. Explain healthful lifestyles.
    - Safer sex practices
      - abstinence, monogamy, use condoms
      - do not give or receive any bodily fluids
    - Don't share needles or other drug use paraphernalia
    - General good-health lifestyles
      - rest
      - nutrition
      - exercise
    - Do not donate blood or body organs
  6. Encourage patient to share information with significant other(s).
  7. Obtain authorization for Disclosure of Information.

## **Other considerations**

- a. **Provide all counseling with complete confidentiality.**
- b. **Be certain all counseling, including written or audio materials, is linguistically, culturally, educationally and age appropriate for each specific patient.**
- c. **Obtain signed, informed consent for testing.** Document consent or refusal on the prenatal care record.
- d. **Check that she understands terms.** Use words she's comfortable with (such as bottom or butt, instead of anus). **Even better:** use both the terms "anus" and "butt" so she can recognize the word "anus" if she hears it or reads it in the future.



- e. **HIV can be a difficult topic for women.** Some may have questions about a sexual partner's fidelity or needle sharing activities, and yet not be able to demand using condoms. Others may not think the risk is serious, or they may lack skills to negotiate condom use or abstain from sex.
- f. **Demonstrate prevention techniques.** This may include condom use, how to apply spermicide, how to use dental dams or other devices for oral sex, or how to clean needles with bleach. When possible, have samples and models. See the handout Protection From STIs and HIV.
- g. **Encourage uninfected pregnant women who practice high risk behavior to avoid further exposure to HIV and to be retested for HIV during the third trimester.**
- h. **Provide access to other HIV prevention and treatment services.**

## Making referrals

- **Refer clients who decide to take the HIV test** to the on-site testing services or other appropriate sites. Pre-and post-test counseling and referrals for emotional, physical, and medical support should be made available on site.
- **Explain both confidential and anonymous testing services.** Confidential testing means that her test results will be on file—including her name—in the clinic where she is tested. **Anonymous testing** does not use the client's name with her blood sample or test results. To help a client decide which type of testing would be better for her, ask

*Is there any reason you wouldn't want the HIV test results linked with your name, such as immigration, health insurance, or other issues?*

**Document in the chart (on the assessment or in a progress note) that the HIV risk assessment and HIV prevention education have been completed. Documentation that the client will have (or has had) the HIV antibody test, the actual test results, or other HIV-related information is confidential. Refer to guidelines at your site for appropriate documentation.**

- **Refer others, such as sex partners, for HIV testing,** when possible. Call the numbers listed below for referrals for HIV testing.
- **Refer to hotlines for more information.** Give numbers to the client so she can make the calls herself, or call for her during the appointment.

### National:

**County Public Health Departments,** for information on the following services:

Alternative Test Sites (ATSS)  
Infectious Disease Specialists  
Pediatric AIDS Specialists  
Drug and Alcohol Recovery  
Programs  
Ryan White Coordinated Services  
Local AIDS Foundations  
Family Planning

### National AIDS Hotline

English 1-800-367-2437  
Spanish 1-800-344-7432  
Hearing Impaired 1-800-243-7889

### National HIV/AIDS Teen Hotline

1-800-440-TEEN  
(Friday-Saturday 6:00 pm to 12:00 am)



**National HIV/AIDS Teen Hotline**

1-800-440-TEEN

(Friday - Saturday 6:00 pm to 12:00 am)

**Project Information**

**(Treatment Hotline)**

1-800-822-7422

**HIV/AIDS Treatment Information**

1-800-448-0440

**National STI Hotline**

1-800-227-8922

**Southern California:**

English: (800) 922-AIDS (2437)

Spanish: (800) 400-7432

Asian Pacific-Islander (800) 922-2438

TTY: (800) 533-2437

**Northern California:**

English, Spanish, Tagalog:

(800) 367-AIDS (2437)

Filipino: (800) 345-2437

TTY: (415) 864-6606

**Follow-Up**

Some clients may decide not to take the HIV test when it is first offered. At subsequent visits, they should be offered the opportunity to ask additional HIV-related questions and/or receive a referral for testing.

## **Resources**

For more information about HIV-infected pregnant women:

**AIDS Clinical Trial Information Service**

1-800-874-2572

**HIV Telephone Consultation Service**

1-800-933-3413

7:30 am to 5:00 pm PST

Monday-Friday

**Pacific AIDS Education and Training Center**

415-597-8198

**CDC National AIDS Information**

**Clearinghouse**

1-800-458-5231

**State Office of AIDS, California Department of Health Services**

916-449-5900

**ACTIS**

1-800-874-2572

**HIV/AIDS Treatment Information Service**

1-800-448-0440

**Bay Area Pediatric AIDS Center (BAPAC)**

415-206-8919



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# *What you should know about HIV*

**Healthy Mom  
Healthy Baby**

## **HIV is the virus that causes AIDS.**

Most often, the virus is spread when people have sex or share needles with someone who has HIV. If a mother has HIV, she can pass it to her baby when she is pregnant or breastfeeding.

### **What you need to know:**

- You can get HIV when you have sex using the penis, vagina, mouth, or anus.
- You can help protect yourself. Use condoms every time you have sex. Use condoms no matter how you have sex.
- HIV can spread if you share needles. It is dangerous to share needles no matter what you inject.
- Don't share needles to do drugs, get vitamin shots, tattoos, or piercings.

Ask your health care provider about taking the HIV test.



## **Every pregnant woman should take the HIV test.**

Why? You could have HIV and not know it. You could pass it on to your baby. When you get the HIV test, you can find out if you have HIV. If you do have HIV, you can get the care you and your baby need.

- There are great treatment programs now that can help.
- Treatment can lower the chances of your baby getting HIV.
- You can choose to feed your baby with breast milk from a milk bank or use formula.

### **Be sure to take the HIV test if:**

- You or your partner have had more than one partner.
- You have ever had an STD.
- You have had a baby with HIV.

### **It is also important to take the test if:**

- You or your sex partner(s) have ever shared needles with other people.
- You or your sex partners have sex while high on drugs or alcohol.
- You or your sex partners had a blood transfusion (before 1985).



## El VIH es el virus que causa el SIDA.

En la mayoría de los casos, el virus se transmite cuando las personas tienen relaciones sexuales o comparten agujas y jeringas. Si la mamá tiene el VIH, puede transmitirlo a su bebé cuando está embarazada o dando pecho.

### Lo que necesita saber:

- Puede contagiarse con el VIH cuando tiene relaciones sexuales usando el pene, la vagina, la boca o el ano.
- Puede ayudarse a protegerse. Use condones cada vez que tenga relaciones sexuales. Use condones sin importar que tipo de relación.
- El VIH puede transmitirse si comparte agujas. Es peligroso compartir agujas. No importalo que se inyecte. No comparta agujas para usar drogas, ponerse inyecciones de vitaminas, hacerse tatuajes o hacerse agujeros.

Pregúntele a su médico acerca de hacerse el examen del VIH.



## Toda mujer embarazada debe hacerse la prueba del VIH.

Puede tener el VIH y no saberlo. Se lo puede transmitir a su bebé. Si se hace la prueba del VIH, puede saber si tiene el VIH. Si es que tiene VIH, puede recibir el cuidado que usted y su bebé necesitan.

- Ahora hay tratamientos muy buenos que pueden asistirle.
- Con tratamientos adecuados se reducen las posibilidades que su bebé se contagie del VIH.
- Puede escoger alimentara para su bebé con leche materna de un banco de leche o puedo usar formula.

### Asegúrese de hacerse la prueba del VIH:

- Si usted o su pareja han tenido más de una pareja.
- Si ha tenido una ETS.
- Si ha tenido un bebé con VIH.

### También es importante hacerse la prueba si:

- Usted o su pareja han compartido agujas con otras personas.
- Usted o su pareja han tenido relaciones sexuales bajo los efectos de las drogas o alcohol.
- Usted o su pareja han tenido una transfusión de sangre (antes de 1985).



## **STDs are dangerous for you and your baby.**

STDs are diseases you could get when you have sex with someone who has one. You may have heard of HIV, chlamydia, gonorrhea, and herpes. There are many more STDs.

### **Here just a few of the problems STDs can cause:**

- Your baby could be born too early or too small.
- Your baby's eyes or lungs could be damaged.
- Your baby could have life-long health problems or even die.

### **It's important to protect yourself and your baby.**

### **Use a latex condom every time you have sex.**

That's really important if:

- You think your partner may have other partners.
- You know your sex partner has sex with other people.
- You have more than one sex partner.

### **Ask your health care worker to show you how to use a condom.**

- There are condoms for both men and women.
- It's easy to learn.

## **Don't share needles to inject anything.**

- Use bleach to clean needles if you do share needles.
- Ask your health care worker how to clean needles.
- Find out if there are needle exchange programs near you.

### **Here are other things that will help:**

- **Tell your health-care provider if you have had STDs in the past.**
- **Get tested for STDs and HIV.** The earlier STDs are found the better!
- **If you have an STD, get treated.** Make sure your partner gets checked and treated, too.

**For more information, call:**

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## **Las ETS son peligrosas para usted y su bebé.**

Las ETS son enfermedades que puede contraer al tener relaciones sexuales con alguien que tiene una. Tal vez le han contado del VIH, clamidia, gonorrea, y herpes. Hay muchas otras ETS.

Aquí hay algunos problemas que las ETS pueden causar:

- Su bebé puede nacer antes de tiempo o nacer muy pequeño.
- Los ojos o pulmones de su bebé pueden estar dañados.
- Su bebé puede tener problemas de salud de por vida o hasta morir.

**Es importante que usted se proteja y que proteja a su bebé.**

## **Use un condón de latex cada vez que tenga relaciones.**

**Esto es muy importante si:**

- Piensa que su pareja puede tener otras parejas.
- Sabe que su pareja sexual ha tenido relaciones sexuales con otras personas.
- Usted tiene más de una pareja sexual.

## **Pídale a su médico que le enseñe cómo usar un condón.**

- Hay condones para el hombre y la mujer.
- Es fácil de aprender.

## **No comparta agujas para inyectarse.**

- Use cloro para limpiar agujas si comparte agujas.
- Pregúntele a su trabajador de salud cómo limpiar agujas.
- Investigue si hay programas cerca de usted para intercambiar agujas.

## **Hay otras cosas que ayudan:**

- **Dígale a su médico si ha tenido una ETS en el pasado.**
- **Hágase las pruebas para las ETS y el VIH.** Entre más pronto se detectan es mejor para usted.
- **Si tiene una ETS, reciba tratamiento.** Asegúrese de que su pareja también se examine y reciba tratamiento.

**Para mas información, llame al:**

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## ***Cautions: Cats/Hot Baths/Raw Foods and Other Concerns***

**Many common activities carried out by a pregnant woman can harm a fetus.**

### **Goal**

Help your client

- understand that certain things she does normally may be harmful during pregnancy.
- find ways to avoid those activities.

### **Background**

The unborn baby can be harmed by a number of things that do not harm children or adults. Cleaning cat boxes, taking hot baths, or eating raw or rare meat can cause conditions that result in miscarriages, major disabilities in infants, and other serious health consequences. All clients should be aware of these special risks for pregnant women so they can avoid them. See Causes for Concern on the next page.

### **Steps to Take**

#### **For all clients**

Inform each client that pregnant women need to be especially careful to avoid certain infections and activities. Allow time for her questions or concerns. If she desires more information, give a fuller explanation using Causes for Concern on the following page.

### **For clients at risk**

- Help her find ways to avoid risky behavior.
- Make a note of the risk in her care plan. For example, Discussed cat box cleaning; review next trimester.
- Some clients may need help problem-solving, if situations are not easy to handle. For example, a client may be a child-care worker and may need ideas on keeping cats out of the sandbox, or a client may need ideas on how to keep flies from food at home. Check with a health care provider if other questions come up that are not addressed here.

### **Follow-Up**

At each trimester reassessment, check how the client is handling any caution you have discussed. Help her find ways to continue avoiding hazards, if she needs help.

### **Resources**

The American College of Obstetricians and Gynecologists (ACOG) pamphlets  
For ordering information call: (800) 762-2264  
Travel During Pregnancy  
and other titles

March of Dimes, Public Health Information  
For ordering information call (914) 428-7100  
Toxoplasmosis

Education Programs Associates  
A Division of California Family Health Council  
1 West Campbell Ave., Suite 45  
Campbell, CA 95008-1039  
(408) 374-3720  
[www.cfhc.org](http://www.cfhc.org)



## Toxoplasmosis

Cat feces, and raw meat, fish, eggs, or raw milk can contain a parasite “*Toxoplasma Gondii*” which causes toxoplasmosis in humans. In a pregnant woman, the infection can cause a spontaneous abortion or the infection of the newborn baby (infection can occur at any time during the pregnancy).

Babies born with a toxoplasmosis infection can have various abnormalities, including blindness, mental retardation, neurological deficits, and deafness.

The number of women who have toxoplasmosis during pregnancy is between one and eight per 1,000. Ten percent of those transmit the infection to their fetuses.

Most women have no symptoms of toxoplasmosis infection. A blood test is used to detect the infection. If a client is interested in testing, advise her to discuss the concern with her health care provider.

## High body temperature

Many studies have shown that pregnant women should avoid hot tubs and saunas, especially in the first trimester. They should also try to prevent a high fever if they are ill.

Temperature at 101°F or above can cause birth defects. Therefore, if a hot bath raises a pregnant woman’s body temperature to 101°F or higher, there is a small chance it could cause deformities in the fetus.

Also, prolonged strenuous exercise should be avoided, especially in hot weather or during a fever. Dangers for the pregnant woman include heat exhaustion and heat stroke.

## Listeriosis

Soft cheese or raw or undercooked meat can contain a bacteria that causes listeriosis. If a pregnant woman is infected, she may experience fever and generalized aches and pains. She could pass the illness on to her fetus through her blood. This infection can cause stillbirth or serious illness in newborns. See the *Food Safety* section in the *Nutrition* guidelines for information on eating cheese.

## Mercury

The mercury content in fish is generally low. However, if a pregnant woman eats a diet high in fish, she may ingest enough mercury to harm her fetus. Pregnant and breastfeeding women **should not eat** shark and swordfish due to mercury contamination. See *Food Safety* for more information on fish safety and give handout ***Lower your chances of eating foods with unsafe chemicals in them.***

## X-rays

X-rays during pregnancy can expose the fetus to harmful levels of radiation, causing possible birth defects or childhood leukemia. Walking through magnetometers (such as security checks at airports) does not pose a health risk.

## Douches

Douching is not necessary for normal hygiene. A hand-held bulb douche or blowing air into the vagina can cause air to get into the uterus and possibly the woman’s blood supply, which could cause a stroke (embolism). Increased secretions during pregnancy are normal. Washing with water and a washcloth can help a woman feel fresh.



*Chemicals and other hazards at home and at work can harm a pregnancy.*

## Goal

Help your client

- be aware of health hazards in her environment
- plan for ways to avoid such hazards

## Background

A fetus is most vulnerable to harmful substances during the first three months of pregnancy. Birth defects involving the organs or limbs are most common in that period. Exposure to harmful substances can cause brain damage, low birth weight, or small-for-gestational age babies after three months. In most cases, the extent of damage depends on the amount of harmful substance exposure (a dose-response relationship).

This is the information available currently. It may change in the future, so call the hotlines under Resources for up-to-date facts.

## Steps to Take

For all clients

- **Discuss the handout *Keep safe at work and at home*** to see if she uses any hazardous substances. Help her plan how to avoid these substances.
- **Find out if she is at risk for preterm labor due to stress on the job**, such as working long hours while standing up and lifting objects, with no breaks. Lifting objects that are bulky or very heavy may also be dangerous. Advise her to discuss these conditions with her health care provider.

- **Review chemicals** that are probably not hazardous to the baby but which may not be good for her. Advise her to handle these items carefully. Try not to swallow these items:
  - ammonia, in many cleaning products
  - chlorine, in cleaning products and in pools
  - bleach, in cleaning products and in pools
  - asbestos, in old insulation and construction
  - sulfuric acid
  - sodium hydroxide, main ingredient in Drano™
- **Review the *Food Safety Nutrition guidelines*** for information on preventing food-borne illnesses through safe food preparation, handling, and storage and avoidance of potentially harmful foods.

## Who's at Risk?

All pregnant women are at risk when they use chemicals. They should

- never mix cleaning liquids
- make sure to get plenty of fresh air (open windows, use a fan) when using cleaning products or paints
- limit the amount of time spent working with substances that produce fumes

Work in these settings gives special risk:

- in a medical setting
- in manufacturing
- with paints or nail polish
- in agriculture
- if someone she lives with comes home with chemicals on clothes



## For clients who work in at-risk settings

- Ask if there is a **safety office** or employee relations office at her job, or perhaps a union representative, who can provide more information about the materials used at work.
- Ask if she uses all the **safety equipment** that is available, or if she feels additional safety equipment (masks, gloves) is needed.
- Discuss ways she can **limit contact** with hazardous materials by changing how she does her job.
- Make a **list of questions** she should ask her employer about possible safety concerns. Role-play how she will ask these questions.
- Discuss *If I'm Pregnant, Can the Chemicals I Work With Harm My Baby?* (see Resources). Request Material Safety Data Sheets for materials she works with. (May not mention pregnancy.)

## Disability Leave

If a client considers leaving work on disability, review her legal rights with her.

- **Employer-provided disability.** If pregnancy-related symptoms or problems force a woman to work less or to stop work, she has a right to get the same disability benefits or leave as employees who are disabled by something other than pregnancy. Refer client to her employer's benefits coordinator for more information.

## • California State Disability Insurance.

Eligibility requirements include having a social security number, having SDI payments deducted from paychecks, and having a doctor determine that the woman is too disabled to work. Length of eligibility depends on the doctor's recommendations. For more information, call the Employment Development Department (look under "State Government" listings in front of the white pages in the phone book).

## • Legal advice related to pregnancy, disability

**and discrimination.** Call the Advice and Counseling Hotline of Equal Rights Advocates at (415) 621-0505 (available at limited times during the week), or the Department of Fair Employment and Housing (look under "State Government" listings in front of the white pages in the phone book).

## Follow-Up

If a client is exposed to dangerous substances, ask her at each appointment how she is limiting her exposure to the substance. If referrals have been made, ask if she followed through and what recommendations she received.

Provide support for clients who need to make major changes in their jobs or home practices to avoid harmful substances.



### **Resources**

Call the following for information and materials:

**California Teratogen Registry** at UC San Diego to check if a substance or activity is harmful during pregnancy:

(800) 532-3749, M, T, Th, & F, 9:00 a.m. to 4:00 p.m., W (10:00 a.m. to 4:00 p.m.).

**Chemtrec Center** (Chemical Referral Center), sponsored by Chemical Manufacturer's Assoc. (800) 262-8200. Can mail "Maternal Safety Data Sheets" but no specifics about pregnancy

**National Pesticide Information Center**  
Monday - Sunday, 6:30 a.m. to 4:00 p.m. PST  
npic.orst.edu  
(800) 858-7378

**California Center for Childhood Injury Prevention (CCCIP)**  
SDSU Foundation  
6505 Alvarado Rd., Suite 208  
San Diego, CA 92120  
(619) 594-3691

**If I'm Pregnant, Can the Chemicals I Work With Harm My Baby?** California Occupational Health Program. Hazard Evaluation System and Information Service, (510) 540-3138, or (510)540-3014

**Pregnancy and the Working Woman**  
ACOG Pamphlet, 1985  
409 12th Street, SW,  
Washington, DC  
20024-2188

**Limit exposure to dangerous substances during pregnancy!**



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## Find out about your safety, if:

- You work in a medical setting.
- You work in a factory that uses chemicals or makes things with chemicals.
- You work with paints or nail polish.
- You have a job in farming.
- You live with someone who comes home with chemicals on their clothes.

## Take care when you use chemicals.

- Never mix cleaning liquids.
- Make sure to get plenty of fresh air when you clean or paint. Open windows. Use a fan.
- Do not work with products that make fumes.

## Products you use around the house can harm you or your baby. Watch out for:

- Aerosol sprays
- Cleaning fluids or oven cleaners
- Paints, paint thinners, paint removers
- Varnishes
- Antifreeze

## Don't use:

- Spot removers
- Spray on furniture polish
- Glues
- Nail polishes, polish removers

## Here are other things that can hurt you or your baby:

- Some pesticides, used in farming, industry, and at home, even flea bombs!
- X-rays at high levels.
- Gases used to put you to sleep, if you breathe them in.
- Some drugs used to treat cancer.
- Mercury, if you breathe in or swallow it. It is used in doctor or dentist offices, or in labs.
- Toluene, if you breathe it in. Some glues, gasoline, and some paint thinners have it in them. (If you sniff glue, it can cause health problems for you and your baby. Your baby can be born with birth defects or have other life-long problems.)
- Lead, if you swallow it. You may use lead if you make batteries, or work with paints, ceramics, and glass. You may also use lead in pottery glazing and printing.



## **Averigüe las medidas de seguridad que tienen, si:**

- Trabaja en un puesto médico.
- Trabaja en una fábrica que usa químicos o hace cosas con químicos.
- Trabaja con pintura o esmalte de uñas.
- Tiene un trabajo en el campo.
- Vive con alguien que llega a casa con químicos en su ropa.

## **Tenga cuidado cuando use químicos.**

- Nunca mezcle los líquidos de limpiar.
- Asegúrese de tomar bastante aire fresco cuando limpie o pinte. Abra las ventanas. Use un abanico.
- No trabaje con productos que produzcan humo (vapores).

## **Hasta los productos alrededor de la casa pueden causarle daño a usted y a su bebé. Cuídese de:**

- Aerosoles
- Líquidos para limpiar o limpiadores de horno
- Pinturas, solventes para quitar de pintura
- Barnices
- Anticongelantes

## **No use:**

- Líquidos para quitar manchas
- Lustre para los muebles
- Pegamentos
- Esmalte de uñas, acetona

## **Hay algunas cosas que pueden dañarla a usted y a su bebé:**

- Algunos pesticidas, usados en el campo, industria, y en casa ¡hasta las bombas para matar pulgas!
- Rayos X a alto nivel.
- Los gases usados para dormirla, si los respira.
- Algunas drogas usadas para tratar el cáncer.
- Mercurio, si lo respira o se lo come.
- Toluene/Pegamento, si lo respira. Algunos pegamentos, gasolina, y algunos solventes de pintura contienen esto. (Si inhala el pegamento, puede causar problemas de salud para usted y su bebé. Su bebé puede nacer con defectos de nacimiento o tener problemas de salud de por vida.)
- Plomo, si lo ingiere. El plomo se usa en el trabajo si hace baterías; si trabaja con pintura, cerámica, vidrio, pinta barro, o si trabaja en una imprenta.



*Some women may have never been to the dentist or may have had very little or no dental care during their lives. Make every effort to refer these pregnant women to a dentist for a regular dental check-up and teeth cleaning.*

## Goals

Help your client:

- Understand and identify oral health problems common to pregnant women.
- Understand the possible relation between oral disease, such as periodontal infection, and having a preterm low birth weight baby.
- Understand that dental caries (tooth decay) is a transmissible disease and that she can learn how to lower the chances of transmitting the bacteria that cause dental caries to her baby.
- Learn how to prevent dental diseases.

## Background

Dental disease is one of the most prevalent health conditions affecting children and adults, including pregnant women. In addition, pregnancy can cause certain conditions in the mouth that may need dental care. Pregnancy is an especially important time for women to take care of their oral health. Women should be especially aware of the following conditions during pregnancy.

- tooth decay (caries)
- gingivitis (gum disease)
- tooth mobility
- dry mouth (xerostomia)
- excessive salivation
- acid erosion of teeth

## Important Information

### Tooth Decay:

Tooth decay (caries) is the most common oral health problem. Caries is a multifactorial infectious disease. One of the critical factors is that decay-causing bacteria can be transmitted from caretakers (usually mothers) to their babies. The control of tooth decay before, during and after pregnancy is of primary importance as maternal caries is likely to be a major contributor to Early Childhood Caries (ECC).

### Gingivitis:

Gingivitis is the inflammation (usually characterized by swelling and bleeding) of the gums (gingiva). This is one of the most common oral problems seen during pregnancy. Its prevalence has been reported to range from 60 to 75%. Most cases of gingivitis are the result of poor oral hygiene and local irritants, especially the byproducts of bacterial metabolism in dental plaque. However, pregnancy-associated hormonal and vascular changes can increase the inflammation and bleeding caused by poor oral hygiene.

Swelling of the gums is usually first seen in the second month of pregnancy and generally reaches a peak by the middle of the last trimester. It can remain a problem for 3-6 months after delivery. If the woman had gingivitis before pregnancy, the condition is likely to worsen during pregnancy. If untreated, gingivitis can lead to periodontal infection, a more serious chronic infection of the gums, ligaments, and bone supporting the teeth. Periodontal infection may contribute to preterm low birth weight infants.

Here are typical signs of gingivitis. The gums:

- Have a bright red color.
- Are swollen.
- Bleed easily when brushing and flossing.
- Have a smooth and shiny surface.
- May be sensitive or tender.



*Refer a pregnant woman for a dental visit if she has not been to a dentist in the past 12 months.*

## Tooth mobility

Generalized tooth mobility (loose teeth) may be seen in pregnant women. These changes are probably related to the degree of gingival inflammation (gingivitis) present and to small changes in the bone supporting the teeth. This condition goes away after delivery. However, tooth mobility may also be associated with advanced periodontal infection and may not go away after pregnancy. An examination by a dentist is needed to diagnose and treat the condition appropriately.

## Dry mouth (Xerostomia)

Some pregnant women may complain of dry mouth (xerostomia). Hormonal changes may contribute to this condition.

## Excessive salivation (Ptyalism or Sialorrhea)

This is a rare condition. It usually begins at two to three weeks of gestation and may stop at the end of the first trimester. In some cases, it can continue until the day of delivery. It may be caused by the inability of nauseous pregnant women to swallow normal amounts of saliva.

## Acid erosion of teeth

This is a rare condition that may cause the enamel of teeth to wear away. Repeated vomiting of gastric contents associated with morning sickness, esophageal reflux, and bulimia may cause it.

## Steps to Take

### Tooth Decay

**Advise your clients to do the following to prevent tooth decay:**

- Brush teeth with a small (pea-size) amount of fluoridated toothpaste at least twice a day, especially before going to bed.
- Use a soft toothbrush.
- Visit the dentist at least once a year for cleaning and examination.

### Gingivitis

**Advise your clients to do the following to prevent gingivitis:**

- Use a soft toothbrush.
- Floss before going to bed. Be sure to floss below the gum line, not just between the teeth.
- Eat healthy foods, especially those with Vitamins C, B<sub>12</sub> and folic acid. Know that healthy oral tissue depends on the optimum amounts of vitamins C and B. Low levels of folic acid in pregnant women have been linked to increased chances of cleft lips and palates in the newborn. Refer to the handouts in the Nutrition section: Take prenatal vitamins and minerals and Get the folic acid you need for more information. Mothers should remember that a balanced diet is good for her overall health, as well as for her oral health and her baby's.
- Visit the dentist for a careful examination and tooth cleaning.

**Some people believe that a tooth is lost for every pregnancy. THIS IS NOT TRUE!!!**



**Some people believe being pregnant is an excuse not to visit the dentist. THIS IS NOT TRUE!!!**

## Tooth mobility

- If your client indicates she has loose teeth, refer her immediately to a dentist.

## Dry mouth

### Advise your client to:

- Drink more water and/or non-sugared and non-caffeinated beverages.
- Use sugarless candies, mints, and gums.
- Avoid using mouth rinses with alcohol, such as Listerine (it has 22% alcohol).
- Eat more foods rich in potassium, magnesium and calcium.
- Be sure to take Vitamins A, C, D and E.

## Excessive salivation

**Let her know that there may not be much she can do about this. Advise your client to:**

- Eat frequent, small, and balanced meals.

## Acid erosion of teeth

### Advise your client to:

- Rinse mouth with water or an over-the-counter mouth rinse with baking soda (to buffer acids) right after she vomits. This will help protect teeth from the damaging action of the acid.
- Read the “Steps to Take” handouts about nausea. Anything that helps reduce morning sickness/nausea will help avoid tooth acid erosion.
- Use fluoride (for example, fluoride toothpaste

and other forms of fluoride recommended by the dentist) which may help remineralize the teeth, which are damaged by acid.

## Other considerations

### Dental treatment during pregnancy

- Elective dental care (other than routine examination and cleaning) should be avoided during the first trimester and the last half of the third trimester if possible. Although actual documented risks of dental care in the first trimester are very rare, this is probably a good general principle, since in the first trimester, the fetus is most susceptible to environmental influences. During the 3rd trimester, women are more at-risk for premature delivery. Therefore, the best time for elective dental care is during the second trimester. The emphasis at this time is on controlling active disease and eliminating potential problems that could arise during late pregnancy.
- X-rays are particularly important for dental emergencies and are safe during pregnancy if used selectively and with a lead apron and neck collar.
- Make sure your client knows that dental emergencies, such as pain and infection, should be treated right away. Untreated infection and increased stress can harm the mother and endanger the fetus. All tooth decay should be treated (filled) to reduce the chances of transferring decay-causing bacteria to the baby.
- Refer pregnant women to a dentist for additional advice.

### Systemic vs. topical fluoride

Although fluoride conveys some preventive benefit when it is ingested (“systemic” fluoride), most





*It is the dental plaque and poor oral hygiene, not increased hormone levels that are the major causes of gingivitis during pregnancy.*

recent research suggests that there is a greater benefit from fluoride that bathes tooth surfaces over a period of time (“**topical**” fluoride), such as with fluoride toothpaste and fluoridated water.

**Systemic fluoride** is fluoride that is swallowed by the individual, although any form of fluoride that bathes the teeth for any period of time also has topical effects.

**Examples are:**

- fluoridated water
- dietary fluoride supplements
  - tablets
  - lozenges
  - vitamin-fluoride preparations
  - liquids and drops
- fluoridated salt (not available in the U.S.)
- any other source of fluoride that is swallowed (e.g., many foods are processed with fluoridated water).

Chewable tablets and lozenges are available that can be chewed and sucked a minute or two before swallowing in order to provide both topical and systemic effects.

**Topical fluorides** applied to the tooth enamel cause an exchange of chemical compounds on the surface of the teeth, making the tooth surface less susceptible to decay. Topical fluorides are not intended to be swallowed. They can be professionally or self applied.

**Examples are:**

- toothpaste
- mouthrinse
- professionally applied fluoride gels and varnishes.

**Prenatal fluoride.** Because the efficacy of prenatal fluoride for the child has not been demonstrated, its use for this purpose is not recommended.

## Oral condition associated with low birth weight

When it occurs in pregnancy, a severe type of periodontal disease called periodontitis, has been associated with low birth weight. **Periodontitis** is a severe, chronic inflammatory condition of the gingiva (gums) characterized by loss of attachment of the periodontal ligament and bony support of the tooth. Periodontitis is thought to develop as an extension of **gingivitis**, a milder and more common form of gum inflammation, that does not involve a loss of the bony support of the tooth.

*A study has suggested that untreated periodontal infection in a pregnant woman may lead to more than a seven-fold increase in her risk of delivering a premature baby of low birth weight.* Researchers are not sure what causes the correlation between premature births and periodontal infection. One hypothesis is that periodontal infection can release bacteria and bacteria-produced toxins into the blood. These toxins may interfere with fetal development. Periodontal infection also causes an inflammatory reaction at the site of the disease. Perhaps these inflammatory chemicals, produced by the mother’s body, can stimulate cervical dilation and uterine contractions. (Offenbacher S et al. Periodontal infection as a possible risk factor for preterm low birth weight. J Periodontol 1996; October (Supplement): 1103-12).



*Recent studies have suggested that untreated periodontal infection in a pregnant woman may lead to more than a seven-fold increase in the risk of delivering a preterm low-birth weight baby.*

## Bacteria and transmission of dental caries from caretaker to children

A growing body of scientific evidence suggests that dental caries is an infectious and transmissible disease. The primary bacterium involved is *Streptococcus mutans*. The caries process usually begins with the bacterial transmission from an adult to the child. The caretaker, usually the mother, infects the child. The mother who has untreated dental caries appears to be most likely to pass the bacteria to her children.

### Here are ways that may lower the chances of transmitting the bacteria:

- Avoid sharing child's eating utensils and food.
- Avoid prechewing or blowing on the child's food to cool it off.
- Avoid kissing the baby on the mouth.
- Avoid licking the child's pacifier before giving it to the child.
- Practice daily flossing and at least twice daily brushing with fluoridated toothpaste.
- Have regular dental visits.

Dental disease-causing bacteria can also be transmitted from the father, other family members and other caretakers with similar behaviors.

## Making referrals

Make sure you refer a pregnant woman to a dentist for an oral health examination if she:

- Has not been to the dentist in the past 12 months.
- Shows any signs or symptoms of oral disease or trauma.

Also, a woman who is considering pregnancy should have a dental examination, which includes periodontal evaluation. This is recommended by the American Academy of Periodontology as of October, 2000.

Dental emergencies such as pain and infection should be treated immediately.

- **Tooth decay (caries):** The dentist should treat decayed teeth to reduce the transfer of bacteria from the mother to the baby and to establish an on-going preventive regimen to reduce bacterial counts. The use of chlorhexidine rinses, xylitol chewing gum and topical fluoride application during pregnancy may be useful in reducing the reservoir of decay-causing microorganisms in the mother.
- **Gingivitis (gum disease):** If you suspect the pregnant woman has gum disease, which may include periodontal infection, refer her to a dentist immediately. Pregnant women should be made aware of the dangers of periodontal infection and the problems it can bring to their babies.

Please refer to the "Oral Health Resource Directory for California's Children" produced by the Dental Health Foundation for information on current dental referral services. Their web site is [www.dentalhealthfoundation.org/topics/children/](http://www.dentalhealthfoundation.org/topics/children/).

The directory includes a listing of the following:

- Maternal and Child Health directors addressing oral health issues
- California Children's Dental Disease Prevention Program (DDPP/SB 111) roster
- Child Health and Disability Prevention Programs roster





- Denti-Cal Program, 1-800-322-6384 for beneficiaries services
- Healthy Families, 1-800-880-5305 for application insurance form
- California Dental Association Component Dental Societies
- California Dental Hygienists' Association components by county
- Dental schools
- Dental Hygiene schools
- County and community dental clinics
- Additional dental programs, dental organizations and community resources on dental health

## Follow-up

- Some women may have had very little or no dental care during their lives. Make every effort to refer these pregnant women to the dentist for a dental check-up and tooth cleaning right away.
- At subsequent visits, make sure to ask about the last visit to the dentist. Make notes. If the mother has not seen a dentist since your last recommendation, make the referral again.
- Be sure to note any changes in the patient's oral condition and make appropriate referrals.
- Provide the patient with any new literature on how to take care of her oral hygiene before, during and after pregnancy.
- Dental disease is a transmissible infectious disease. Mother, father and other family members can transmit the bacteria that cause dental caries to their children. Remind mothers that appropriate oral hygiene to remove and control decay-causing bacteria from their mouths will benefit both them and their babies. In addition, remind mothers not to share their children's food and utensils.
- Encourage mothers to take their child to a dentist for a first dental visit by age one as recommended

by the American Academy of Pediatric Dentistry and the American Dental Association. Be aware that not all dentists are comfortable seeing such young children. Mothers may need to ask their baby's physician for an appropriate referral.

## Resources

- The following brochures are highly recommended and are printed by the National Institute of Dental and Craniofacial Research in English and Spanish and are available FREE OF CHARGE. Visit their Web page: <http://www.nidr.nih.gov> as they have additional publications. Phone number is 301/496-4261.
  - A Healthy Mouth for Your Baby
  - Snack Smart for Healthy Teeth
  - Plaque: Rx for Sound Teeth (brushing and flossing)
  - Seal Out Dental Decay
- Pregnancy and Oral Health produced by the American Dental Association (ADA). Phone number is 1-800-621-8099. There is a cost for the brochure. Visit the ADA Web page at [www.ada.org](http://www.ada.org).
- A large variety of dental public health materials are available by contacting the National Maternal and Child Oral Health Resource Center at (202) 784-9771. The web site is <http://www.mchoralhealth.org>. Some may be available free of charge.
  - Women's Oral Health Resource Guide
  - Focus of Oral Health; Volume IV (February 2001), MCH Program Interchange.
  - Early Childhood Cares Resource Guide.
  - Bright Futures in Practice: Oral Health. Cost is \$12.50/copy.
- The Dental Health Foundation has a variety of dental health materials. Check their web site for topics and cost at [www.dentalhealthfoundation.org](http://www.dentalhealthfoundation.org)



# Prevent gum problems when you are pregnant

Healthy Mom  
Healthy Baby

## It is common to have gum problems when you are pregnant.

Your gums may swell and bleed. This is called gingivitis or gum disease. When you are pregnant, gum disease can get worse. It is important to brush your teeth often while you are pregnant.



## Here's what you should watch out for:

- Your gums may be a very bright, shiny red color.
- They may look swollen.
- Your gums may bleed easily when you brush or floss.

If you have any of these signs, see a dentist right away.

## Why worry about gum disease?

You may think that gum disease is not that important. But you should know that:

- **Your gum disease could get worse.**  
The gums, bones, and tissues around your teeth may pull away from the teeth. If you don't get treated, you could lose your teeth.
- **Gum disease can cause problems for your baby.** You may have a much higher chance of your baby being born too early or too small, or both. This can cause serious problems for your baby.

## Here's what you can do to prevent gum disease:

- Brush your teeth two or three times a day, or more.
- Brush your teeth with a pea-sized dab of toothpaste with fluoride.
- Use a soft toothbrush.
- Brush and floss before you go to bed.
- Floss every day. This will help you clean between the teeth.
- Eat healthy foods. Eat foods high in vitamin C and folic acid, such as oranges and cereals with folic acid added.
- Go to the dentist to get your teeth and gums cleaned and checked.



# Ayude a prevenir los problemas de las encías cuando está embarazada.

Healthy Mom  
Healthy Baby

## Es muy común que le molesten las encías cuando está embarazada.

Las encías tal vez se le hinchen, y le sangren. A eso se le llama gingivitis o enfermedad de las encías. Durante el embarazo, la gingivitis puede empeorar. Es muy importante que se cepille los dientes con frecuencia cuando está embarazada.



## Observe las siguientes señales:

- Las encías pueden estar muy rojas.
- Pueden parecer hinchadas.
- Las encías le pueden sangrar con facilidad al cepillarse los dientes o usar el hilo dental.

Si nota alguno de estos síntomas, consulte a un dentista de inmediato.

## ¿Por qué preocuparse por las enfermedades de las encías?

**Tal vez no crea que las enfermedades de las encías son tan serias. Pero debe saber que:**

- **Su enfermedad de las encías puede empeorar.** Las encías, los huesos y los tejidos que tiene alrededor de los dientes pueden despegarse de los dientes. Sin tratamiento, puede perder los dientes.
- **La enfermedad de las encías puede causarle problemas a su bebé.** Puede aumentar la posibilidad de que su bebé nazca antes de tiempo o muy pequeño, o las dos cosas.

## Hay cosas que usted puede hacer para prevenir la enfermedad de las encías:

- Cepíllese los dientes dos o tres veces al día, o más.
- Cepíllese los dientes con muy poquita pasta dental con flúor.
- Use un cepillo dental suave.
- Cepíllese los dientes y use el hilo dental antes de acostarse.
- Use el hilo dental todos los días. Eso le ayuda a limpiarse entre los dientes.
- Coma alimentos nutritivos. Coma alimentos altos en vitamina C y ácido fólico, como las naranjas y los cereales con ácido fólico agregado.
- Vaya al dentista para que le hagan limpieza dental y le examinen la dentadura.



# See a dentist when you are pregnant

Healthy Mom  
Healthy Baby

**It's important to take care of your teeth and gums when you are pregnant.**

**If your teeth and gums are not healthy, you and your baby can have problems.**

- You may have pain and tooth decay.
- You may have bleeding gums.
- You may lose your teeth.
- Your baby may be born too early, too small, or both.
- Your baby may get tooth decay later on from the germs in your mouth.

**For all these reasons, it is important to see a dentist when you are pregnant.**

Ask your health care provider to refer you to a dentist, if you do not have one.



## **You should:**

- See a dentist for a check-up.
- Get your teeth cleaned.
- Get the treatment you need if you have tooth decay or other dental problems.

## **You should see a dentist right away if:**

- You have not been to a dentist in the last year.
- You have pain in your mouth.
- Your gums often bleed.
- You have lumps, sores, or anything else that is not normal in or around your mouth.

## **Your dentist may say you need x-rays.**

**It can be safe to have x-rays while you are pregnant. Be sure that you:**

- Tell your dentist you are pregnant.
- Ask to wear a lead apron over your stomach while you have x-rays done. You should also wear a lead collar around your neck.
- Have x-rays only when needed.



**Es importante cuidar de sus dientes y encías cuando está embarazada.**

**Si sufre de problemas dentales, o tiene malas las encías, usted y su bebé pueden tener problemas.**

- Usted puede tener dolor o caries dentales.
- Le pueden sangrar las encías.
- Puede perder sus dientes.
- Su bebé puede nacer antes de tiempo o muy pequeñito, o las dos cosas.
- Su bebé puede padecer de caries dentales a causa de los gérmenes que usted tiene en la boca.



**Por todas esas razones es muy importante que vaya al dentista cuando está embarazada.**

Pídale a su médico que le dé referencia para un dentista si no tiene uno.

**Lo que debe hacer:**

- Vaya al dentista para que la examinen.
- Obtenga una limpieza dental.
- Obtenga el tratamiento que necesita si tiene caries u otros problemas dentales.

**Debe ir de inmediato al dentista:**

- Si no ha ido al dentista desde hace más de un año.
- Si siente dolor en la boca.
- Si le sangran las encías muy a menudo.
- Si tiene granitos, llagas, o alguna otra cosa que no es normal en o alrededor de la boca.

**Su dentista tal vez tenga que tomarle radiografías.**

**No se preocupe. No es dañino que le tomen rayos X durante el embarazo.**

**Asegúrese de hacer lo siguiente:**

- Dígle a su dentista que está embarazada.
- Pida que le pongan un delantal de plomo sobre el estómago mientras que le toman la radiografía. También debería de usar un collar de plomo alrededor de su cuello.
- Obtenga radiografías sólo cuando es necesario.





# ***Keep your teeth and mouth healthy! Protect your baby, too!***

**Healthy Mom  
Healthy Baby**

## **You can protect your teeth.**

**You may have been told that you are supposed to lose a tooth every time you are pregnant. This is not true. It is important to:**

- Brush with fluoride toothpaste every day.
- Floss your teeth every day.

## **See a dentist right away if you have:**

- A toothache
- Sore or bleeding gums
- A broken tooth
- Pain or swelling inside your mouth
- Any other dental emergency



## **Get your cavities filled before your baby is born.**

- If you don't get your cavities treated, your baby can get cavities too!
- Germs cause tooth decay.
- You can pass the germs from the saliva in your mouth to your baby.
- Your baby can get cavities from the germs in your mouth.

## **Here's how you can prevent your baby from getting cavities:**

- Take care of your own teeth.
- Never share your baby's spoon or fork.
- Don't chew or taste baby's food and then give to your baby.
- Clean your baby's pacifier with water, not by licking it.



# ***¡Mantenga sanos sus dientes y boca! ¡Proteja también a su bebé!***

**Healthy Mom  
Healthy Baby**

## **Puede proteger su dentadura.**

**Tal vez le han contado que cada vez que está embarazada se le tiene que caer un diente. Eso no es verdad. Es importante que:**

- Cepílese los dientes todos los días con pasta dental que tiene flúor.
- Use el hilo dental todos los días.

## **Consulte a un dentista de inmediato:**

- Si tiene dolor de muela.
- Si le duele o le sangra la encía.
- Si se le quebra un diente.
- Si tiene dolor o hinchazón en la boca.
- Si tiene alguna otra emergencia dental.



## **Vaya a que le rellenen las caries antes de que nazca su bebé.**

- Si no recibe tratamiento para sus caries, ¡su bebé también puede llegar a tener caries en los dientes!
- Hay gérmenes que causan estas caries.
- A través de la saliva en su boca, usted puede pasarle esos gérmenes a su bebé.
- A su bebé le pueden causar caries los gérmenes que usted tiene en la boca.

## **Para prevenir caries en los dientes de su bebé:**

- Mantenga sus propios dientes sanos.
- No comparta ni la cuchara ni el tenedor con su bebé.
- No mastique o pruebe la comida de su bebé antes de dársela.
- No se ponga el chupón de su bebé en su propia boca para limpiarlo.





**Many children who are eligible for dental insurance don't have it! Refer children to Denti-Cal or Healthy Families.**

## Goals

Help your client:

- Understand and identify undesirable oral conditions common in infancy and early childhood including Early Childhood Caries (ECC) and common dental emergencies.
- Learn how to prevent these oral conditions.
- Understand the concept of dental caries as a transmissible and infectious disease and learn how to reduce the caretaker-to-child transmission.

## Background

Dental caries (tooth decay) is the most common chronic condition affecting children in the U.S. In California, a 1993-94 study found that almost one-third of preschoolers had experienced tooth decay and 14% of all preschool children had Early Childhood Caries (ECC), previously known as “Baby Bottle Tooth Decay.”

Primary (“baby”) teeth begin to develop prenatally at 5-6 weeks of pregnancy. The first primary teeth usually start to erupt by the time the baby is 6 months old. By age 2 or 3 years, a child has the complete set of 20 primary teeth. By age 6 or 7 years, the four permanent first molar teeth will erupt.

These are the first permanent adult teeth to erupt and they erupt right behind the last primary teeth. Parents and caregivers should pay special attention to these teeth because they should last a lifetime!

## Early Childhood Caries

Early Childhood Caries (ECC), previously known as “Baby Bottle Tooth Decay” or “nursing caries,” is a type of tooth decay caused mainly by inappropriate feeding practices in the presence of *Streptococcus mutans*, the primary bacteria involved in the development of dental caries. ECC affects primarily the four upper front baby teeth. The overall prevalence of ECC is believed to be 5% among children below the age of 5 years in the US. However, in minority and ethnic populations, such as among Native Americans, the rate of ECC can be as high as 70%.

A pregnant woman should be informed of common oral health conditions that may affect her baby as well as ways to prevent and/or treat these conditions.

## To prevent ECC tell your client:

- Do not bottle feed after 12 months.
- Do not put the baby to sleep with a bottle (containing anything other than water).
- Do not bottle feed with sugar-containing substances such as juice and soda. When juices are offered, they should be from a cup.
- If her baby likes to carry around a training cup, make sure it contains water only.

**Note about breastfeeding:** Although breastfeeding babies have much lower rates of ECC, breastfeeding does not completely protect babies from caries. Some breastfed babies, who feed at will for an extended period of time, develop a pattern of caries similar to that found in Baby



Bottle Tooth Decay. (Casamassimo P, 1996. Bright Futures in Practice: Oral Health. Arlington, VA: Center for Education in Maternal and Child Health).

Do not use pacifiers dipped in honey or other sugars. (Do not give honey at all before age one).

## Important Information

### Bacterial transmission to children

A growing body of scientific evidence indicates that dental caries, including ECC, is an infectious and transmissible disease. Dental caries results when bacteria in the mouth metabolize certain carbohydrates to produce acids that demineralize the teeth and destroy the tooth structure. The primary bacterium involved is *Streptococcus mutans*. The caries process usually begins with the transmission of bacteria to the child from the caretaker, usually the mother. A mother who has untreated dental caries appears to be more likely to pass the bacteria to the children. Dental disease can also be transmitted from the father, other family members, and other caretakers.

### How does the transmission occur?

Although the exact path of transmission has not been identified, some most likely ways are:

- Caregiver and child share eating utensils and food.
- Caregiver prechews or blows on the child's food to cool it off.
- Caregiver kisses the child on the mouth.

### How to reduce caretaker-child transmission:

- The mother should have any active tooth decay treated by a dentist who may also apply topical fluoride.
- A dentist or a physician may prescribe antimicrobial rinses (e.g., chlorhexidine) during the prenatal and postnatal period, and make other efforts, to decrease the levels of *Streptococcus mutans* in the mother's mouth.
- Xylitol chewing gum may also be recommended. Xylitol is both non-cariogenic and has antibacterial effects (it interferes with colony-forming ability of *Streptococcus mutans*, the primary bacterium involved in tooth decay.)
- Refer the pregnant woman to the dentist for additional information and treatment.

### Why early prevention and treatment?

- If the caries process goes untreated during the first year of life, the child is more likely to have caries in both the primary and permanent teeth.
- Prevent pain and suffering.

*Remember: the American Academy of Pediatric Dentistry recommends the child's first dental visit by age one.*



*Dental caries is a transmissible infectious disease. The mother and other caretakers can transmit the bacteria that cause caries to the baby.*

## Steps to Take

Ideally, infant oral care begins with prenatal oral health counseling for parents.

How to help parents prevent dental caries from occurring:

### 1. Education and counseling of parents by CPSP providers:

#### Parents should learn about:

Examining their children's teeth and oral cavity on a weekly basis:

#### How to examine child's teeth?

Parent lays child's back into parent's lap, tilts the child's head back, lifts the child's lip and looks for early signs of tooth decay (white or brown areas near the gum line). This should be done at least once a week.

- Parents should clean gums and newly erupted teeth with moist, soft, child's toothbrush or with clean washcloth after feeding and before bed.
- Children should have a small soft toothbrush.

Parents should continue to supervise and brush their children's teeth until about age 6-8 years.

- Children should be given new toothbrushes every 3 months, if possible.

#### Options regarding diet:

- Choose foods that do not have a lot of sugar in

them. Sugar combined with bacterial plaque creates acid that destroys teeth.

- Give child fruits and vegetables instead of candy and cookies.

### Availability of fluoride from various sources:

- Parents should start brushing their child's teeth with a tiny dab of fluoridated toothpaste on the toothbrush when child reaches age 2 years. At this time child will have all his/her primary teeth.
- Make sure to limit the toothpaste used to a tiny dab to minimize fluoride ingestion.
- Parents should also be advised to teach their children to spit out the toothpaste during and after brushing.
- Inform parents about the need to use fluoride supplements if the community water is not fluoridated. Parents should contact their dentist or physician for a prescription.
- Ask the child's dentist about the need for a topical fluoride application.

### Use of antimicrobial agents by mothers and other caregivers:

Because a mother can transmit decay-causing bacteria to a child, the control of their dental disease is key in preventing the transmission of bacteria to the child.

### 2. Take the child to a pediatric dentist or general dentist by the first birthday or as soon as first tooth comes in. (Not all dentists are comfortable seeing very young children, so you may need to help your patients identify appropriate dentists).



**The younger the child when caries begins, the greater the risk of future decay in both the primary and permanent teeth.**

- This is a good opportunity for early detection and prevention of ECC.
- Parents will learn about various forms of fluoride, including fluoride supplements, if the local water is not fluoridated.
- Parents will learn how to take care of child's oral health.
- Parents can be motivated to take care of their child's oral health as well as their own.

## Dental Emergencies

Injuries are the most common causes of dental emergencies. Most dental injuries occur in children and adolescents. The incidence of injuries among children increases with age, due to children's increasing activity. The most common injuries are to the upper front teeth and surrounding soft tissues. Some of the most common injuries are fractured crown, intrusion (tooth is pushed into the gums); and avulsion (tooth is knocked out of its socket). Soft tissues such as the cheek, tongue, and lips may be cut, lacerated, and bruised.

Dental abscesses usually result from untreated caries, trauma to the tooth, and/or foods/objects wedged between tooth and gums. Symptoms may include pain, swelling, and a small pimple on gum tissue.

## What to do in case of dental emergencies (for baby teeth – up to age 5 years)

### Cut or Bitten Tongue, Lip or Cheek

- If bruised areas are present, apply ice.
- If bleeding is present, apply direct pressure to the area with gauze or cloth.

- If swelling is present, apply a cold compress.
- If bleeding cannot be controlled immediately, take the child to a dentist or hospital emergency room.

### Avulsed (knocked out) Primary Tooth

- Primary teeth should not be replanted (it could cause damage to the permanent tooth bud in formation).
- Take the child to a dentist immediately.

### Bleeding after Baby Tooth Falls Out

- Pack a clean gauze or cloth over the bleeding area. Have the child bite on the gauze with pressure for 15 minutes. Repeat this one to three times.
- If bleeding persists, take the child to a dentist.

### Dental abscess

- Take the child to the dentist immediately.

### Follow-up

- Remind the mother of the importance of maintaining her oral health and her child's oral health.
- Remind the mother of the concept of mother to child transmission of dental disease. Ask her if she has any additional questions.
- Ask if the mother and her baby have visited the dentist. If not, make appropriate referral. The child's first visit to the dentist should be by age one year, or as soon as the first tooth erupts.
- Remind mother to clean her baby's teeth especially before putting the baby to bed. Also, remind the mother to examine child's teeth at least once a week.
- Ask mother about the baby's feeding habits to prevent Early Childhood Caries. Remind the mother that around 6 months of age, the baby should begin to drink from a cup.



## Making Referrals

Remember: Many children who are eligible for dental insurance don't have it!

Refer mothers to the following for dental services:

Denti-Cal (Medi-Cal) Program, at 1-800-322-6384 (beneficiaries services), if the client is already on Medi-Cal. If not, refer to Healthy Families Program (1-800-880-5305 for an application form) or to the county social services agency for eligibility determination.

For more resources, refer to the local Child Health Disability Prevention Program (CHDP) and/or your local dental society. For a listing of dental programs and resources in your community, please refer to the "Oral Health Resource Directory for California's Children" at [www.dentalhealthfoundation.org/topics/children](http://www.dentalhealthfoundation.org/topics/children).

## Resources

- Dental Brochures on Baby Bottle Tooth Decay from the Dental Health Foundation. The web site is [www.dentalhealthfoundation.org](http://www.dentalhealthfoundation.org)
- Visit the American Academy of Pediatric Dentistry at [www.aapd.org](http://www.aapd.org)
- CHDP BBTD flipchart and brochure. Contact the CHDP deputy director in your county for copies. For a list of county CHDP deputy directors, please go to the Dental Health Foundation web site at [www.dentalhealthfoundation.org](http://www.dentalhealthfoundation.org) and look for the "Oral Health Resource Director" under the "Children's Dental Health Initiative" project.

- For additional publications, other patient educational materials (many of them are available free of charge), directories, and resource guides, contact the:

National Oral Health Information Clearinghouse  
1 NOHIC Way Bethesda, MD 20892-3500  
Tel: (301) 402-7364  
Fax: (301) 907-8830  
Web site: <http://www.aerie.com/nohicweb>

One of its publications is:

"A Healthy Mouth for Your Baby" Brochure produced by the National Institute of Dental and Craniofacial Research. It is available in English and Spanish.

For FREE copies, contact:  
31 Center drive MSC 2190  
Building 31/Room 5B-49  
Bethesda, MD 20892-2190  
Fax: 301/496-9988  
Publication numbers: 96-2884 (English) and 96-2884S (Spanish)

- National Maternal and Child Oral Health Resource Center

National Center for Education in Maternal and Child Health  
2000 15th Street, North, Suite 701  
Arlington, VA 22201-2617  
Tel: (202) 784-9770  
Fax: (703) 524-9335  
Web site: <http://www.mchoralhealth.org>

Please see publication "Early Childhood Caries Resource Guide," November 1998.



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# ***Protect your baby from tooth decay***

**Healthy Mom  
Healthy Baby**

**Even babies can get tooth decay.  
You can protect your baby!**

**Make sure your own teeth and  
mouth are healthy!**

**You may not know that:**

- Your baby can get cavities from the germs in your mouth!
- You can spread these germs to your baby with your saliva.

**These tips can help:**

- Get the dental care you need.
- Never share your baby's spoon or fork.
- Don't chew your baby's food.
- Clean your baby's pacifier with water, not by licking it.

**Here's what you should do from  
the time your baby is born until  
your baby is a year old.**

- Clean your baby's gums and any teeth every day. Most babies get their first teeth at around 6 months.
- Use a moist, soft, child's toothbrush or clean washcloth. Do not use fluoride toothpaste before age 2.
- Clean your baby's gums and teeth once or twice a day.
- Don't put your baby to bed with a bottle. If your baby falls asleep at the bottle, take it out of the baby's mouth.



**Remember these pointers when  
your baby is 6 months to a year  
old.**

- Let your baby drink with a cup when your baby is 6 months old.
- Some babies like to carry around a bottle or training cup. Make sure it has only water in it.
- Don't let your baby use a bottle after 12 months.
- As soon as your baby's first tooth comes in, check every week for early signs of tooth decay. Look for white or brown areas near your baby's gums. If you see any, take your baby to the dentist right away.
- Take your baby to the dentist when your baby gets the first tooth. Make sure your baby starts to go to the dentist by age 1.





# *Protect your baby from tooth decay*

**Healthy Mom  
Healthy Baby**

## **Here's how to protect your child's teeth from 1 to 2 years of age.**

- Stop bottle-feeding.
- Some babies like to carry a training cup around. Make sure it has only water in it.
- Don't give your baby sweet snacks between meals.
- Wash your baby's gums and teeth with a washcloth or soft toothbrush. Do not use flouride toothpaste before age 2.
- Check every week for early signs of tooth decay. Look for white or brown areas near your baby's gums. If you see any, take your child to the dentist right away.
- Take your child to the dentist at least every 6 months.



## **Here are helpful hints when your child is 2 to 3 years of age.**

- Check every week for early signs of tooth decay. Look for white or brown areas near your baby's gums. If you see any, take your child to the dentist right away.
- Take your child to the dentist at least every 6 months.
- Brush your child's teeth, or watch your child brush, 2 or 3 times a day. Be sure your child brushes before bedtime.
- Use a tiny dab of toothpaste with flouride.
- Teach your child to spit out the toothpaste after brushing.
- Stay away from too much juice or soda.
- Don't give your baby too many foods like cookies and candy. Sweet foods help cause tooth decay.

## **When you take care of your baby's teeth early on, you will:**

- Protect your baby from pain.
- Lower the chances your child will have cavities when he or she is older.
- Prevent problems for your child later on in life. If you take care of your baby's teeth now, your child will have fewer problems with his or her teeth later on.



# Ayude a proteger a su bebé contra las caries dentales

Healthy Mom  
Healthy Baby

**Aún los bebés pueden padecer de las caries dentales. Usted puede proteger a su bebé.**

**Esté segura de que sus propios dientes y boca estén sanos.**

**Tal vez no sepa que:**

- ¡A su bebé le pueden salir caries dentales a través de los gérmenes en la boca suya!
- Puede pasarle esos gérmenes a su bebé a través de la saliva suya.

**Esto le puede ayudar:**

- Obtenga el cuidado dental que usted necesita.
- Nunca comparta la cuchara ni el tenedor con su bebé.
- No mastique la comida para su bebé.
- No se ponga el chupón de su bebé en su propia boca para limpiarlo.

**Lo que debe hacer desde que nace su bebé hasta que cumpla el año:**

- Límpiele las encías y lávele el diente que tenga todos los días. A la mayoría de los bebés les sale el primer diente como a los 6 meses.
- Use un cepillito de dientes muy suave y humedo, o una toallita limpia. No use pasta dental con fluoruro antes de que el bebé cumpla los 2 años.
- Lávele las encías y los dientes a su bebé una o dos veces por día.
- No acueste a su bebé con el biberón en la boca. Si su bebé se duerme mientras que toma el biberón, sáqueselo de la boca.



**Recuerde estos consejos para cuando su bebé tenga de 6 meses a un año.**

- Deje que su bebé tome líquidos en taza cuando tenga 6 meses.
- A algunos bebés les gusta andar todo el día con el biberón o con una tazita con tabadera especial. Esté segura de que sólo tenga agua.
- No le dé biberón a su bebé después de haber cumplido el año.
- En cuanto le salga a su bebé el primer diente, revíselo cada semana para ver si tiene señales de caries dentales. Busque manchas blancas o cafés alrededor de las encías de su bebé. Si encuentra algo, consulte con un dentista de inmediato.
- En cuanto le salga el primer diente a su bebé, llévelo al dentista. Esté segura de que su bebé empiece a ver un dentista en cuanto cumpla el año.



# Ayude a proteger a su bebé contra las caries dentales

Healthy Mom  
Healthy Baby

## Lo que debe hacer para proteger los dientes de su niño de 1 a 2 años de edad.

- No le dé el biberón.
- A algunos niños les gusta andar todo el día con su tazita con tabadera especial. Esté segura de que sólo tenga agua.
- No le dé cosas dulces a su niño para comer entre comidas.
- Lávele las encías y los dientes a su niño con una toallita o con un cepillito suave. No use pasta dental con fluoruro antes de que cumpla los 2 años.
- Revíselo cada semana para ver si tiene señales de caries dentales. Busque manchas blancas o cafés alrededor de las encías de su niño. Si encuentra algo, consulte con un dentista de inmediato.
- Lleve a su niño al dentista por lo menos cada 6 meses.



## Consejos útiles para cuando su niño tiene de 2 a 3 años.

- Revíselo cada semana para ver si tiene señales de caries dentales. Busque manchas blancas o cafés alrededor de las encías de su niño. Si encuentra algo, consulte con un dentista de inmediato.
- Lleve a su niño al dentista por lo menos cada 6 meses.
- Cepíllele los dientes a su niño u obsérvelo cuando él se cepilla 2 u 3 veces al día. Asegúrese de que su niño se cepilla antes de acostarse.
- Use muy poquita pasta dental con fluoruro.
- Enséñele a que escupa la pasta después de cepillarse.
- Evite darle muchos jugos o sodas.
- No le dé muchos alimentos como galletas y dulces. Alimentos dulces ayudan a causar las caries dentales.

## Cuando cuida de la salud dental de su bebé a una edad temprana, usted:

- Puede proteger a su bebé del dolor.
- Le puede reducir la posibilidad de que su bebé tenga caries dentales cuando crezca.
- Puede prevenir que su niño tenga problemas más adelante. Si usted le cuida los dientes a su bebé desde este momento, su bebé tendrá menos problemas con su dentadura más adelante.



# Safe Exercise and Lifting During Pregnancy and Postpartum

*As the body changes, exercise can give a pregnant woman a sense of well-being, relaxation, and comfort. But certain cautions need to be taken during this time.*

## Goal

Help your client

- understand the importance of prenatal exercises (including Kegels). See the handout *Exercises when you are pregnant*.
- know how to exercise and lift safely and effectively

## Steps to Take

### Exercise

- Review with each client how to do Kegel and other recommended pelvic exercises. See the handout *Exercises when you are pregnant*.
- Encourage clients who have been exercising before pregnancy to keep exercising moderately. Hard exercise is acceptable up to 30 minutes per day. Review the handout *Stay active when you are pregnant: What you should and should not do* with the client.

- Clients who have not exercised much should limit a new exercise program to 15 to 20 minutes per day.
- For more advanced exercise, discuss *Keep safe when you exercise*.

## Safe lifting

Practice safe lifting techniques with clients to help them prevent back strain or injury. As pregnancy progresses and the baby weighs more, safe lifting techniques will become more important in preventing strain or injury.

1. Back should be straight, knees bent, feet apart, one slightly ahead of the other.
2. Brace the pelvic floor muscles and abdominal muscles (tense stomach area and bottom).
3. Keep objects/children that are being lifted close to the body.
4. Use leg muscles to do the work, rather than back or abdomen.

Review this technique with clients, especially during the third trimester. Clients who have toddlers, do housekeeping or have jobs that require lifting are of special concern. Review this technique at every visit for clients who lift often.



### **Resources**

Pamphlets from the American College of Gynecologists and Obstetricians, 409 12th Street NW, Washington, DC 20024-2188

Exercise During Pregnancy and the Postpartum Period, ACOG Technical Bulletin Number 189, Feb. 1994

Exercise and Fitness: A Guide for Women, 1992

Positive Pregnancy Fitness, Sylvia Klein Olkin, Avery Publishing Group, NY, 1987

### **Some clients should not exercise during pregnancy**

Any client with the following conditions should not exercise during pregnancy:

- pregnancy-induced hypertension
- preterm rupture of membranes
- preterm labor during a prior or current pregnancy
- incompetent cervix/cerclage
- persistent 2nd or 3rd trimester bleeding
- intrauterine growth retardation



## Kegel Exercises

### Before the 4th month:

- Lie on your back. Put a pillow under your head and neck.
- Let your arms lie next to your sides.
- Bend your knees. Put feet about 12 inches apart. Keep your soles flat on the floor.
- Squeeze tight the muscles around your vagina and anus. Hold these muscles tight for about 5–10 seconds. You can find these muscles when you pee (urinate). Stop the flow for a second. Those are the muscles you want to tighten and relax.
- Slowly let your muscles relax.

### After the 4th month:

- Stand or sit to do Kegels.
- Do Kegels up to 25 times in a row, 5 or 6 times each day.
- Do not lay on your back. Your growing uterus can put too much weight on the large blood vessels in your back. You and your baby may not get enough oxygen if you lay on your back.

## Pelvic Tilt

### Before the 4th month:

- Lie on your back on the floor.
- Press the small of your back against the floor while you let out your breath.
- Relax your spine while you take in a deep breath.
- Repeat this 6 or 7 times.

### After the 4th month:

- Stand against a wall.
- Press your back next to the wall.
- Do not lay on your back. Your growing uterus can put too much weight on the large blood vessels in your back.

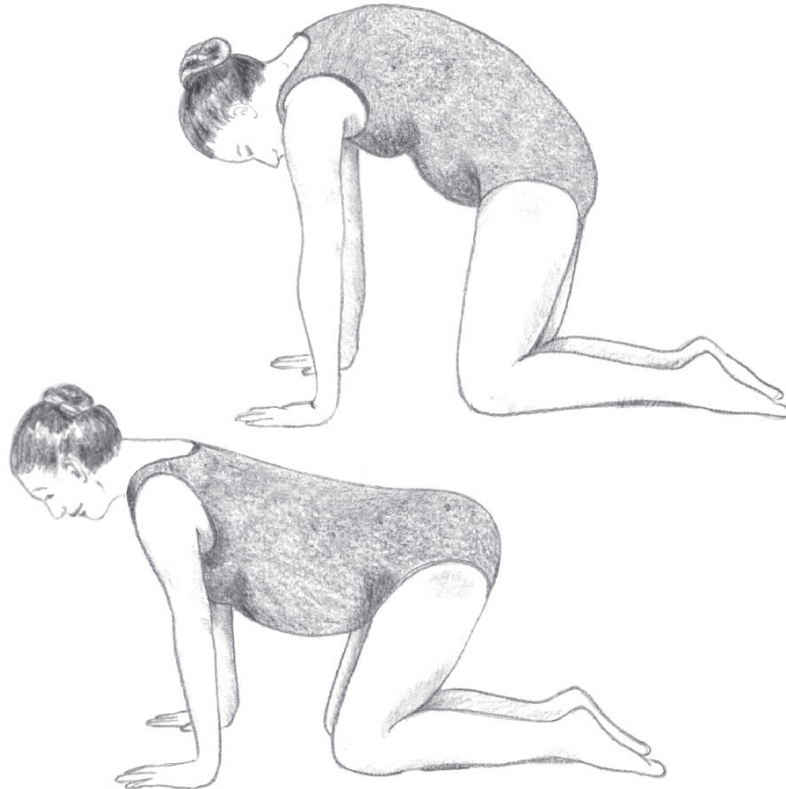




## **Angry Cat**

**Do this to take the weight of your uterus off your spine.**

- Get on your hands and knees. Make your back flat.
- Keep your head straight and neck straight.
- Arch up your back like an angry cat. Pull in your tummy muscles.
- Then relax. Make your back flat again.
- Do this 6 or 7 times each day. You can also do it when you are in labor.





## Ejercicios Kegel

### Antes del cuarto mes:

- Acuéstese de espalda. Ponga una almohada debajo de su cabeza y cuello.
- Deje que sus brazos descansen a sus lados.
- Doble las rodillas. Ponga los pies a una distancia de 12 pulgadas. Mantenga las plantas de los pies sobre el piso.
- Apriete fuerte el músculo alrededor de la vagina y ano. Mantenga estos músculos apretados de 5–10 minutos. Puede encontrar este músculo cuando orina. Deténgase un segundo cuando orine. Estos son los músculos que quiere apretar y relajar.
- Lentamente deje que sus músculos se relajen.

### Después del cuarto mes:

- Párese o siéntese para hacer los Kegels.
- Haga 25 Kegels seguidos, de 5 a 6 veces por día.
- No se acueste de espalda. La matriz está creciendo y puede poner mucho peso en las venas y arterias de la espalda. Usted y su bebé tal vez no reciban bastante oxígeno si se acuesta de espalda.

## Inclinación de la Pelvis

### Antes del cuarto mes:

- Acuéstese de espalda en el piso.
- Ponga presión en la parte baja de su espalda sobre el piso mientras exhala.
- Relaje su espina dorsal mientras respira profundo.
- Repita ésto de 6 a 7 veces.

### Después del cuarto mes:

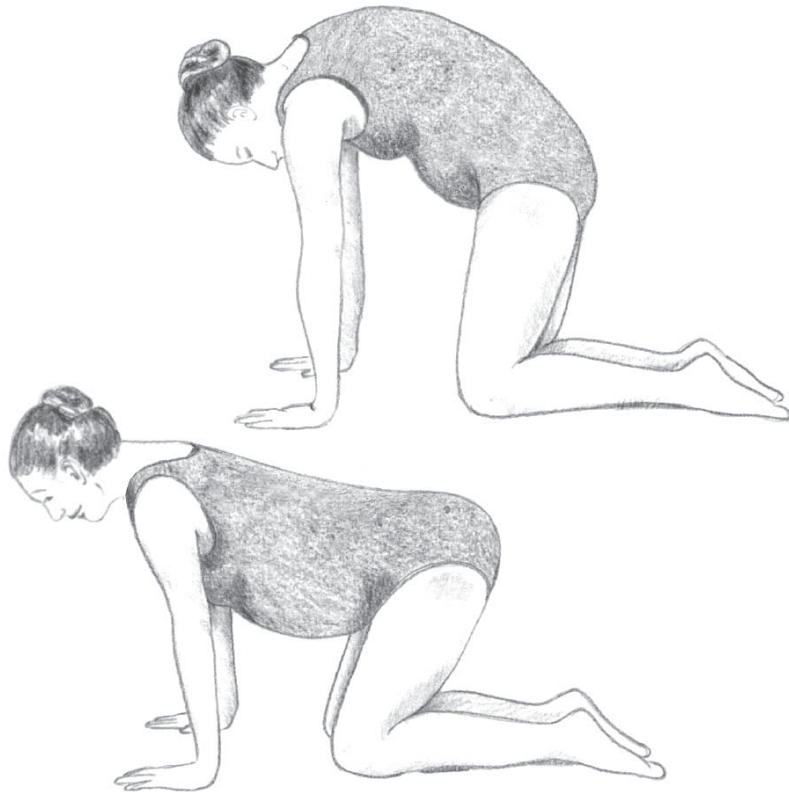
- Párese contra la pared.
- Presione la espalda contra la pared.
- No se acueste de espalda. La matriz está creciendo y puede poner mucho peso en las venas y arterias de la espalda.



## El Gato Bravo

**Haga ésto para quitar el peso de la matriz de la espina dorsal.**

- Pónganse de rodillas con las manos sobre el piso. Haga que la espalda éste plana.
- Mantenga la cabeza y cuello en línea recta.
- Arquee la espalda como un gato enojado. Meta los músculos del abdomen.
- Después relájese. Regrese la espalda a la posición plana de nuevo.
- Haga ésto de 6 a 7 veces por día. También lo puede hacer cuando tenga los dolores de parto.



# Stay active when you are pregnant

Healthy Mom  
Healthy Baby

## What you should and should not do

### Here are good things to do when you're pregnant:

- Walk.
- Swim. The water should not be too hot or too cold.
- Bicycle. You may want to use a stationery bike. It will protect you from falls that can happen as your uterus gets bigger.
- Do Kegels.
- Go to exercise classes especially for pregnant women.
- Try to relax. You can sit in a chair or lay on your side. Breathe in through your nose. Breathe out through your mouth slowly.

### If you were used to being active before you were pregnant, you may be able to:

- Jog up to two miles per day.
- Swim.
- Do aerobics for prenatal or postpartum women.
- Lift weights. Do not hold your breath while you bear down.
- Ski cross-country below 10,000 feet.
- Hike.

### When you are pregnant, you should NOT:

- Jog more than two miles per day.
- Sprint.
- Play contact sports like football or karate.
- Do exercises not made for pregnant women.
- Ride horseback.

### It can also be dangerous to:

- Water ski, dive, surf or go scuba diving.
- Ski downhill.
- Bicycle on wet pavement or when there are other dangers.
- Skate.



**Always talk with your doctor before you start an exercise program. It's a good idea to exercise at least three times a week.**



## Lo que debe y no debe hacer cuando está embarazada

### Hay actividades muy buenas que puede hacer durante su embarazo:

- Caminar.
- Nadar. El agua no debe ser muy caliente o muy fría.
- Andar en bicicleta. Tal vez quiera usar una bicicleta estacionaria. La protegerá de caídas que le pueden pasar a medida que la matriz este creciendo.
- Hacer ejercicios como los Kegels.
- Asistir a clases especiales de ejercicios para mujeres embarazadas.
- Tratar de relajarse. Siéntese en una silla o acuéstese de lado. Inhale por la nariz. Y exhale por la boca lentamente.

### Si usted era muy activa antes de estar embarazada, quizás pueda:

- Correr a paso lento hasta dos millas por día.
- Nadar.
- Hacer ejercicios aeróbicos para mujeres embarazadas o mujeres en el período del post-parto.
- Levantar pesas. No detenga la respiración cuando haga esfuerzo.
- Esquiar a lo plano en la nieve.
- Caminar largas distancias.



### Cuando está embarazada no debe:

- Correr a paso lento más de 2 millas por día.
- Correr velozmente
- Jugar deportes de contacto como fútbol americano o el karate.
- Hacer ejercicios que no son recomendados para las mujeres embarazadas.
- Montar en caballo.

### También puede ser peligroso:

- Esquiar en agua, echar clavados, usar la tabla hawaiana o bucear.
- Esquiar de bajada en la nieve.
- Andar en bicicleta en el pavimento mojado o cuando hay otros peligros.
- Patinar.

**Siempre debe de hablar con su médico antes de empezar a hacer ejercicios. Es buena idea hacer ejercicios por lo menos 3 veces a la semana.**



## **When you exercise, remember:**

- Your heart rate should not be higher than 140 beats a minute.
- When you get tired, stop.
- Do not jerk, bounce, or jump.

## **Stop your exercises if you have these warning signs!**

### **Call your health-care provider right away if you:**

- Feel pain when you exercise.
- Feel dizzy.
- Are short of breath.
- Think you might faint.

### **There are other warning signs to watch for. Call right away if you:**

- Bleed from your vagina.
- Have a rapid heartbeat when you rest.
- Have a hard time walking.
- Have contractions.



## **Follow these safety tips:**

- Don't do anything that could hurt your abdomen. Stay away from karate or other contact sports.
- Don't exercise in hot weather. Wear light clothing.
- Don't lie on your back after you are 4 months pregnant.
- Stay away from activities that could lead to falls.
- Don't do full sit-ups, or leg lifts with both legs.
- Bend your knees when you touch your toes.

## **Get the food and water you need:**

- Drink plenty of water. You will need at least 8–12 glasses of water a day when you are pregnant.
- Drink extra water when you exercise.
- Eat plenty of healthy food. Eat a healthy snack after you exercise.

## **After you give birth:**

- Talk with your doctor about when to start to exercise again.
- Go back to your exercise program slowly, as you feel you can.
- Start out easy in the first few days after your baby is born.
- Exercise longer and a little harder day by day.



## Cuando haga ejercicios, recuerde que:

- Su ritmo cardíaco no debe ser más alto de 140 latidos por minuto.
- Cuando se canse, pare.
- No haga movimientos bruscos, no saltos ni brinque.

## ¡Deje de hacer ejercicios si tiene estas señales de peligro!

### Llame a su médico de inmediato si:

- Siente dolor cuando hace ejercicios.
- Se siente mareada.
- Le cuesta trabajo respirar.
- Cree que se va a desmayar.

Hay otras señales de peligro que debe observar.

### Llame de inmediato si:

- Le sale sangra de la vagina.
- El corazón le late muy rápido cuando está descansando.
- Tiene dificultad al caminar.
- Tiene contracciones.



## Para su seguridad:

- No haga nada que pueda lastimar su abdomen. No haga karate u otros deportes de contacto.
- No haga ejercicios cuando el clima está caliente. Use ropa ligera.
- No se acueste de espalda después del cuarto mes de embarazo.
- Evite actividades que puedan causarle caídas.
- No haga sentaderas, ni eleve las dos piernas al mismo tiempo.
- Doble sus rodillas cuando tenga que tocarse los pies.

## Obtenga la comida y agua que necesita:

- Tome bastante agua. Debe tomar por lo menos de 8 a 12 vasos de agua diarios cuando está embarazada.
- Tome más agua cuando hace ejercicios.
- Coma bastante comida saludable. Cómase un bocadillo después de hacer ejercicios.

## Después de dar a luz:

- Hable con su médico y pregúntele cuando puede empezar a hacer ejercicios.
- Vuelva a sus ejercicios de rutina poco a poco, a medida que sienta que puede.
- Empiece con ejercicios sencillos al principio después del parto.
- Haga más ejercicios y de más dificultad cada día que pasa.





No amount of smoking is safe for pregnant women. Quitting or cutting down is a high priority.

## Goal

### Help your client

- identify risks associated with the use of tobacco
- consider reducing, quitting, or seeking treatment if she smokes

## Background

Approximately 20 to 25% of women in the U.S. smoke cigarettes during pregnancy. Yet smoking during pregnancy is a major contributor for the following problems.

- **Pregnancy complications**, such as serious problems with the placenta, bleeding from the uterus and a tendency for later miscarriages (after 12 weeks). The risk increases the more women smoke and the longer they smoke.
- **Preterm births**, even if the woman smokes less than one pack a day. Pregnant women aged 35 and older who smoke are at even higher risk.
- **Increased risk of Sudden Infant Death Syndrome (SIDS).**
- **Intrauterine Growth Retardation (IUGR)**—the fetus is shorter, underweight, and with smaller head and chest circumferences. Between 21 and 39% of these cases are low birth-weight births. Increased age and amount smoked heightens the risk.

**Note:** Some pregnant clients want an early birth or small baby due to fear of labor and delivery. They may use this as a reason to keep smoking. Babies born under these conditions are more likely to have severe and lasting disabilities and health problems (see Preterm Labor).

Health risks can be lessened if a woman quits smoking by the fourth month of pregnancy. Even after the fourth month, encourage clients to reduce the number of cigarettes smoked per day or to quit. **Any decrease is beneficial to the health of a pregnant woman and her fetus.**

## Stages of Quitting

Smokers who quit typically go through the following six stages in the process of quitting. It is common to try to quit several times before being successful.

1. **No Interest:** not considering quitting or motivated to quit.
2. **Somewhat Interested:** uncomfortable with smoking but not seriously considering quitting.
3. **Preparation:** intends to quit in the near future; has made small changes in behavior.
4. **Action:** makes an effort to quit; has made a firm decision to quit; needs support techniques to cope with urges to smoke.
5. **Maintenance:** able to overcome the temptation to smoke; developing a nonsmoking habit, but still vulnerable to the urge to smoke.
6. **Relapse:** prompted to smoke by stress; disappointed and less confident that quitting is possible.



## Steps to Take

### Clients who do not smoke

Praise her healthy lifestyle and ask if she knows the dangers of smoking for her and her baby. Encourage her not to begin while she is pregnant—or ever!

### Clients who do smoke

Ask if she can explain the connection between smoking and health risks to her and her baby. Build on her understanding as you explain the health risks of smoking.

Use the following chart to see how the client feels about quitting smoking and to check her progress and give her a framework to measure her success.

### Ready to cut down

Suggest to clients who are not ready to quit but who do want to cut down that they:

- smoke less often
- inhale less deeply
- use low tar, low nicotine cigarettes
- smoke only half of each cigarette
- switch brands

### Not ready to quit or cut down

Habits can be very hard to change, and nicotine is especially addictive and hard to quit. The client may have other stresses in her life and may not feel she can handle changing her smoking behavior. Show her your understanding.

At the same time, share the negative effects of tobacco for her and the baby. Suggest that she may be ready to cut down or quit in the future, and that it can be discussed at future appointments. **Emphasize that any decrease in the number of cigarettes smoked per day will be helpful in protecting her health and that of her baby.**

*For more help on counseling clients, see “4-As” on the following page.*

## Teens

Teens often smoke with friends and may need extra support to cut down or quit smoking. Appeal to their interest in their image. Drawbacks of smoking include:

- odors in hair, clothes
- fingers and teeth turn yellow or brown
- bad breath and taste when kissing
- dry skin with premature wrinkling
- burns on clothing, upholstery and carpets

You can also help a teen calculate the amount of money she spends each week or month on cigarettes and what other things she could buy with that money (music CDs or tapes, concert or movie tickets, maternity outfits, baby clothes, etc).

## Additional tips for quitting

You can help women move through the stages of quitting with the following help:

- Review with her the health risks for her and her baby.
- Remind her that her family needs a healthy mother.
- Increase her awareness of the problems with smoking and benefits of not smoking.
- Give her quit tips.
- Support her when she decides to quit.



- Remind her about how to reduce stress and urges to smoke.
- Remind her to reward herself.
- Praise her for her accomplishment.
- If she relapses, remind her that she can quit.
- Give her some materials on quitting that she can read.
- Refer her to a smoking cessation program in her community (see Resources).

## Follow-up

Follow up at the next visit with any client who uses tobacco or who recently quit. Check on her smoking (or chewing). If she's trying to quit, ask if it's okay to call her at home to offer encouragement and support. Discuss handouts *How to Quit Tobacco Use* and *Coping With Quitting Alcohol/Drugs* for helpful things to do to quit for good.

See the Nutrition guideline *Tobacco & Substance Use* for information on tobacco use and nutritional status and suggestions for food intake.

If the client is willing, set up an appointment in the next few weeks to check on her progress.

Congratulate clients for any steps taken toward reducing their tobacco use, even if it is just setting a quit date or reducing by one cigarette per day.

## 4-A's Model for Quitting

The 4-A's model was developed by the National Cancer Institute to help smokers quit tobacco use.

### 1. **Ask** the pregnant woman about her:

- Smoking status  
*When was the last time you smoked?*

*How often are you near someone who smokes (in the same room, at the same table, etc.)?*

### • Smoking history

*How many cigarettes do you smoke a day?*

*Did you smoke before you knew you were pregnant?*

### • Reasons for smoking

*When do you smoke?*

*What makes you want to smoke?*

### • Readiness to quit

*Are you interested in quitting soon?*

*Have you tried to quit or thought about quitting?*

### • Level of confidence

*Do you believe you can quit?*

*Have you ever quit another habit?*

*Do you know anyone who has successfully quit?*

### • Social support system

*Who can help if you decide to quit?*

### 2. **Advise** the pregnant woman about health risks associated with smoking:

- *Your smoking increases the chance of your baby being born too soon, being born underweight, being born dead, being born with birth defects, and SIDS.*
- *Smoking increases your chances of developing cancer, chronic diseases, heart attacks.*
- *Your secondhand smoke increases your children's chances of breathing problems (such as asthma and bronchitis) as well as ear infections and colds.*

### 3. **Assist** her in developing a plan to quit smoking by helping her to:

- Focus on reasons to quit.
- Choose a method of quitting (such as stopping



all of a sudden or gradually cutting down, etc.) and choose a quit date.

- Find ways to deal with the urge to smoke, such as deep breathing, drinking water, doing relaxation exercises, talking to friends and family, exercising, eating low-calorie snacks, or attending a stop smoking class.

4. **Arrange** to follow up at subsequent visits

- Chart her smoking status, noting her progress, and giving her support and encouragement.
- Check on her follow-through with any referrals you have made.

## Resources

*For You and Your Family: A Guide For Perinatal Trainers and Providers* by CA Dept. of Health, Tobacco Control Section (1992)

Provides counseling strategies and patient education materials specifically for African American, American Indian, Asian and Hispanic/Latina pregnant women who smoke.

Call the **Tobacco Education Clearinghouse** at (800) 258-9090 ext. 230, or (831) 438-4822 ext. 230, or write to P.O. Box 1830, Santa Cruz, CA 95061-1830

**California Smokers' Helpline**, a free service for people who are ready to quit using tobacco, offering telephone counseling, materials and quit kits, and referral services. Operated by University of California San Diego Cancer Center. Call:

English: 1 (800) 7-NO BUTTS

Spanish: 1 (800) 456-6863

Mandarin and Cantonese: 1 (800) 400-0866

Vietnamese: 1 (800) 778-8440

Korean: 1 (800) 556-5564

Deaf/Hearing Impaired: 1 (800) 933-4TDD

**American Lung Association**,  
(800) LUNG-USA (nationwide)

**American Academy of Family Physicians:**  
(800) 944-0000  
[www.familydoctor.org](http://www.familydoctor.org)



*Secondhand smoke is the smoke inhaled from a burning cigarette or exhaled by a smoker. Pregnant women and babies should not be exposed to secondhand smoke. There is no safe level of exposure to tobacco smoke.*

## Goal

### Help your client

- identify where she may be exposed to secondhand smoke
- take steps so she and her family can avoid secondhand smoke
- talk to family members/friends if they expose her to secondhand smoke

## Background

Secondhand smoke exposure is the third leading cause of preventable death in the United States (after smoking and drinking alcohol). Tobacco smoke contains over 4,000 chemicals and harmful substances; 40 of them are known to cause cancer.

Studies have found that exposure to secondhand smoke in women is associated with uterine cancer, cervical cancer, and respiratory illnesses.

When a pregnant woman breathes secondhand smoke, her baby is likely to weigh less.

Babies and children suffer many ill effects from breathing secondhand smoke, including pneumonia, bronchitis, ear infections, and asthma.

## Steps to Take

### Look for secondhand smoke exposure

Clients may be exposed to smoke from cigarettes, pipes, or cigars at home, at work or in other situations. All exposure should be avoided, if

possible. Encourage her to avoid all smoke, even at occasional visits to friends or other places.

## Use the “Four A’s” model

### Assist a client in reducing her exposure to secondhand smoke:

- Ask about her frequency of smoke exposure, and where and when she is around smoke.
- Advise her to avoid all smoke, and discuss the negative health effects caused by secondhand smoke.
- Assist her in finding ways to avoid secondhand smoke. Suggest direct communication with smokers, or indirect (such as posting signs or bringing home pamphlets). She might like to invite a supportive family member to her appointment to help find ways to avoid smoke. See *For You and Your Family* (listed under Resources) for suggestions.
- Arrange to follow up on her plan to reduce her exposure to smoke. Congratulate her on plans she makes.

## Follow-up

At the next visit, ask about her success in avoiding secondhand smoke. Track progress in her chart and follow up at each appointment with support, suggestions and resources.

## Resources

For excellent suggestions on ethnic-specific approaches to avoiding secondhand smoke, see the manual *For You and Your Family* listed in the section on Tobacco Use. Available from the Tobacco Education Clearinghouse.

*Secondhand smoke increases a baby's risk of dying from SIDS.*



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## **Tobacco can harm your unborn baby.**

- Your baby could be born too early or too small.
- Your baby could have problems later on.

**But you can quit smoking.** Talk to your health care provider about what can help. Do not use nicotine gum or patches.

## **Here are some ideas to help you quit:**

- Write down the date you will quit.
- Keep a diary of when and why you smoke.
- Have a list of other things to do besides smoking. You could:
  - Take a walk.
  - Take deep breaths.
  - Eat fresh, healthy snacks.

## **It can also help to:**

- Write down a list of reasons why you want to quit. Tape them up where you will see them often.
- Focus on one day at a time.
- Ask a family member or friend to quit with you.
- Think how you will use the money you will save.

Remember that if you quit or even cut down, both you and your baby will be healthier.

**Need more information?  
Call 1-800-7 NO BUTTS!**

**Call this number for classes  
near you:**

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## **Reasons I want to quit:**

So my baby will be healthy.

Because it is so expensive!

So my apartment will smell better.

So I won't have to go out to buy cigarettes when I have a little baby.



## El tabaco puede dañar a su bebé antes de que nazca.

- Su bebé puede nacer antes de tiempo o nacer muy pequeño.
- Su bebé puede tener problemas después.

**Pero usted puede dejar de fumar.** Hable con su médico para que le diga qué puede hacer. No use el chicle (goma de mascar) o los parches de nicotina.

## Para ayudarlo a dejar de fumar:

- Escriba la fecha en que va a dejar de fumar.
- Mantenga un diario de cuándo y por qué fuma.
- Tenga una lista de otras cosas que puede hacer en vez de fumar. Puede:
  - Salga a caminar.
  - Respirar profundamente.
  - Comer bocadillos nutritivos.

## También puede ayudarse si:

- Escriba las razones por las cuales quiere dejar de fumar. Póngalas en un lugar donde las pueda ver seguido.
- Tómelo un día a la vez.
- Le pide a un miembro de la familia o amiga que deje de fumar con usted.
- Piense cómo va a gastar el dinero que ahorre.
- Recuerde que si deja de fumar o menora lo que fumar, usted y su bebé serán personas más saludables.

**¿Necesita más información?  
Llame al 1-800 7-662-8887.**

**Llame a éste número para  
clases en su área:**

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## Razones de quiero dejar de fumar:

Para que mi bebé crezca sano.

Porque es carísimo.

Para que mi apartamento huela mejor.

Para que no tenga que salir a comprar cigarrillos con un bebé tan chiquito.



*There is no safe level of drug or alcohol use for pregnant women. Many over-the-counter and prescription drugs can also harm unborn babies. Alcohol use is the leading preventable cause of birth defects.*

## Goal

### Help your client

- identify risks with use of alcohol, over-the-counter (OTC) drugs, and street drugs
- consider reducing, eliminating, or seeking treatment for any non-recommended substance she uses
- know to tell all of her health and dental care providers that she is pregnant

## Background

A 1992 study of pregnant women in California found that 11.4% had drugs in their bloodstream at delivery. Between 4 and 28% of pregnant women in the U.S. may be using drugs and/or alcohol during pregnancy.

Almost all drugs, including tobacco, cross the placenta and enter the baby's blood. This exposure can cause babies to have physical, mental or emotional problems. Although only some babies will have obvious problems, no one can predict which children will be affected.

Drug/alcohol use has many facets, involves the whole family, and may be triggered by complex causes such as domestic violence, low self-esteem, and extreme stress. Use can be life threatening and impair both physical and social aspects of life. It can limit the ability to parent.

Women of reproductive age who have sexual intercourse without contraception should avoid using any drugs or alcohol. While this may not be a realistic choice for many women, this can help decrease birth defects, low birth weight babies and other health problems in babies and children.

The good news is that many women who have been using drugs or alcohol on a long-term basis may want to quit during pregnancy.

## The Risks

During pregnancy, drugs and alcohol cross the placenta to the fetus and can cause the following problems:

- miscarriages or physical abnormalities during the first 8 weeks following conception
- growth retardation, premature birth, and neurological damage to the infant after the first 8 weeks following conception
- increased risks related to the amount of drug or alcohol the woman uses, and how far along she is in her pregnancy
- increased risk for medical complications, preterm labor and delivery, and death of the baby
- increased risk of death for babies before their first birthday, low birth weight, central nervous system damage, withdrawal effects, physical malformations, and other mental deficits that show up when they are older



The fetus is most vulnerable to effects from drug or alcohol use during the first few months —when the woman may not be aware that she is pregnant.

## Steps to Take

### All clients

- Ask all clients about their use of drugs and alcohol as early as possible in their prenatal care.
- Praise clients who use no drugs or alcohol. Briefly discuss the effects of alcohol or drug use during pregnancy so the client will not be tempted to start using in this or a later pregnancy. Explain possible problems with over-the-counter drugs. Encourage her to talk to her health care provider before she uses any medicines.

### Occasional users

Counsel clients with alcohol or illegal drug use, or occasional use of OTC or prescription drugs.

- Ask about her understanding of how these substances can affect her and her babies.
- Share the possible effects on the fetus.
- Help her identify her “readiness” to cut down or quit.
- Provide practical steps to cut down or quit, and give support during the process. (See the handout You can quit using drugs or alcohol.)
- Consider referring her to treatment programs in the community, if appropriate.

- Assess her nutritional status and see the Nutrition guideline Tobacco and Substance Use for further information.

## Addiction

If a client continues to use substances once she is aware of the possible health risks for her and her baby, such use can be considered an addiction that interferes with her physical, psychological or social well-being. Addiction, or chemical dependency, is an illness.

- When possible refer clients who are addicted to substance abuse treatment programs. (see the Psychosocial Guidelines)
- Continue to provide nonjudgmental support and education. In-depth counseling is usually not in the scope of perinatal health education, however counseling guidelines are on the following page.
- Maintain open communication with the client about her use of substances, because she may be motivated to seek treatment later in her pregnancy or later in her life.

## Legal Medications

Over-the-Counter drugs that may be harmful to a pregnant woman or her fetus include:

- diet pills
- some laxatives
- pain medicine
- some antacids (indigestion medicine)
- aspirin
- cough syrup
- cold or allergy medicines
- vitamins (other than prenatal vitamins)



Prescription drugs to avoid during pregnancy

- tetracycline
- tranquilizers (valium, librium, xanax)
- accutane (for acne)

For more information about the effects of specific illegal, OTC, or prescription drugs or alcohol, look in the materials listed under Resources.

## Stages of Quitting

Use these Stages of Quitting to assess the client's readiness to cut down or quit using drugs and alcohol.

1. **No interest:** not considering quitting or motivated to quit.
2. **Somewhat interested:** feels uncomfortable about using drugs or alcohol but is not seriously considering quitting.
3. **Preparation:** intends to quit in the near future; has made small changes in behavior.
4. **Action:** makes an effort to quit; has made a firm decision to quit; needs support techniques to cope with urges to use drugs or alcohol.
5. **Maintenance:** able to overcome the temptation to use drugs or alcohol; develops a non-using habit, but still vulnerable to the urge to use drugs or alcohol.
6. **Relapse:** prompted to use drugs or alcohol by stress; disappointed and less confident that quitting is possible.

If she has no interest in cutting down or quitting, be sure she understands the possible health risks to her baby. Ask again at her next appointment.

*A woman who is not ready to quit at first may be ready later. Continue to support her efforts to recognize her situation and take steps to deal with it as she is able.*

## 4-A's Model

If she is somewhat interested in quitting or is prepared to take action, use an adaptation of this model as a guideline for helping her quit (see the Tobacco Use section for more on the Four-A's Model).

1. Ask her about her use (current and past), her reasons for using, her confidence that she can quit, her social support for quitting.
2. Advise her about the health risks for her and her fetus if she uses drugs or alcohol.
3. Assist her in planning how to quit by focusing on her reasons to quit, choosing a method to quit, and finding ways to deal with urges to use drugs or alcohol.
4. Arrange follow-up at subsequent visits by discussing her progress, providing support, checking on her follow-through with any referrals.

## Follow-Up

At each visit, ask any client who occasionally uses drugs or alcohol how she is doing in limiting her use. Support any decrease in use.

If the client is willing, schedule extra appointments to check-in on her progress with quitting or cutting down her substance use.



Discuss a client's occasional drug or alcohol use with other staff members in a case conference, so all providers can support and encourage the client to quit and provide needed interventions. All staff should be aware of goals the client sets so they can give support and encouragement. All staff should provide the same information about risks of using substances (such as, there is no safe level of alcohol intake).

Alcoholics Anonymous: fill-in the local phone number from the white pages of the telephone directory:

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Local county or health department substance abuse services: fill-in the local phone number from your telephone directory:

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### **Resources**

Alcohol, Tobacco, and Other Drugs May Harm the Unborn.

Order from:

National Clearinghouse for Alcohol and Drug Information

Dept. of Health and Human Resources.

(800) 729-6686

North Coast Regional Access System and March of Dimes Position Statement on Maternal Substance Abuse, February 1995.

(415) 476-3868





## Counseling Guidelines

Note: Training on interviewing and counseling skills is recommended for staff who work with pregnant women who use drugs or alcohol. See Resources for ideas on further background reading or training opportunities.

To effectively counsel a woman who uses drugs or alcohol while pregnant, do the following:

- Focus on strengths, such as goals she's achieved, habits she has broken, her interest in improving her health.
- Be aware that women of all ethnic and socioeconomic backgrounds may not be using drugs and alcohol.
- Be aware that women of all ethnic and socioeconomic backgrounds may be using drugs and alcohol.
- Keep messages clear, simple, and realistic. Avoid humor. Don't exaggerate or increase her fear or anxiety.
- Encourage clients to believe they have control over these risk factors.
- Emphasize the positive:
  - stopping now will give her a better chance for a healthy baby
  - her concern for her baby will help her be a good mother
- she will feel better when not using drugs or alcohol and so will her baby
- Never predict the outcome of a particular pregnancy, because a mother who uses may have a healthy baby, and quitting drugs or alcohol won't guarantee a healthy baby.
- Show personal concern and interest; this is as important as providing information or counseling.
- Be sensitive to communication styles of different groups.
- Help clients understand and acknowledge their own risk behavior. Acknowledge addiction as an illness.
- Recommend treatment if a client continues to use drugs after she's aware of the danger to her fetus (availability of programs for women, especially pregnant women, may be limited or nonexistent). Recommend she get professional help for root causes of use, such as depression, lack of money, violence in her home, etc.
- Be sensitive to legal and economic implications a client may face.
- Be prepared to assist clients with special parenting help, or referrals to services for babies exposed to drugs/alcohol in utero.



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# ***You can quit using drugs or alcohol***

**Healthy Mom  
Healthy Baby**

## **Drugs and alcohol can hurt your unborn baby.**

There are things you can do to quit or cut down your use of drugs or alcohol.

For a day or two, write down each time you use alcohol or drugs. Ask yourself what caused you to do so. (Maybe you were worried or scared. Or maybe you were with certain friends.)

### **Get help if you:**

- Feel sad or depressed.
- Are worried about money.
- Face violence or other problems.

### **It can also help to:**

- Decide what date you will quit.
- Make a list of healthy things you like to do.
  - Tape it where you can see it often.
  - Look at this list if you get the urge to use drugs or alcohol.
- Ask a friend or family member to quit with you.
- Join a self-help group to get the support you need.
- Remember, you only need to get through one day at a time.

**For more information, or for help near you, call toll-free 1-800-729-6686.**

**There are drug and alcohol treatment agencies in your area.**

### **Healthy Things I Like to Do:**

Walk around the neighborhood.

Swim at the Y.

Visit my aunt Lillian.

Eat a good lunch.

Go to a movie.



## **Las drogas y el alcohol pueden dañar a su bebé antes de nacer.**

Hay cosas que puede hacer para dejar de usar o disminuir el uso de drogas o alcohol.

Por un día o dos, apunte cada vez que usa alcohol o drogas. Pregúntese por qué lo hizo. (Quizás estaba preocupada o asustada. O quizás estaba con ciertas amistades.)

### **Obtenga ayuda si:**

- Se siente triste o deprimida.
- Está preocupada por dinero.
- Tiene que soportar una situación violenta u otros problemas.

### **También ayuda que:**

- Decida en qué fecha va a dejar de usar las drogas o el alcohol.
- Haga una lista de cosas saludables que le gusta hacer.
  - Póngala en donde la pueda ver seguido.
  - Mire la lista si siente el deseo de usar drogas o alcohol.
- Pídale a una amiga o miembro de la familia que deje de usar drogas o alcohol con usted.
- Asista a un grupo de ayuda para recibir la ayuda que necesita.
- Recuerde, solamente necesita vivir un día a la vez.

**Para más información, o para ayuda en su localidad, llame sin cobrar al 1-800-729-6686.**

**Hay agencias de tratamiento para la adicción a las drogas y alcohol en su área.**

### **Cosas sanas que me gusta hacer:**

Salir a caminar por mi vecindad.

Ir al gimnasio.

Visitar a mi tía Lillian.

Salir a comer.

Ir al cine.



*Informed consent is the cornerstone of family planning education. Coordinate with family planning staff to obtain informed consent from prenatal clients for their postpartum family planning methods, when appropriate.*

## Goal

### Help your client

- state her plan for future childbearing
- describe any contraceptive methods she would consider using if applicable

## Background

Women have improved opportunities to decide when and if to have children. Family planning education empowers women to choose the timing and number of any children they may have.

As new birth control methods become available, there are more options to present to clients. Hopefully, this will improve client satisfaction with, and effective use, of birth control methods.

## Items to Consider

In each client's third trimester, ask about her plans for having more children in the future.

- **Some clients will be unsure of their plans** or of what might be appropriate for them. Spend adequate time to help her make these decisions. Ask if she wants her partner or other support people to join this discussion.
- **Some clients will know which birth control method** they want. They may have used it successfully and know what their plans are for having children in the future. Review any special

considerations she needs, (such as breastfeeding) and any new methods she does not know about that might be appropriate for her.

- **Some clients may have become pregnant through donor insemination**, perhaps because their partner is also a woman. Such clients may not need birth control education, but want to discuss plans for future children. Use a nonjudgmental and non-assuming interview style. Ask open-ended questions to find out the most appropriate way to provide family planning.

## Steps to Take

If the client is unsure of plans for children in the future, or of what birth control methods to use, **explain the benefits** of family planning and why it is discussed during prenatal care appointments.

- Adequate spacing of children helps parents cope with the demands of childrearing and with finances. It helps provide physical, emotional and intellectual nurturing for each child.
- For medical reasons, a woman should wait at least 15 months after having a baby before becoming pregnant again.
- Effective birth control helps sexually active women who want no more children achieve their life plans.

**Consult your on-site family planning guidelines for additional help on counseling and referring clients.**

**If clients wish sterilization, consult the on-site counseling guidelines and informed consent procedures.**



**Help clarify plans for having more children in the future**, if appropriate. Women uncertain of future pregnancy tend to be less effective using birth control (they have more unplanned pregnancies). Use the model on the next page to clarify values, feelings and options using a problem-solving format.

**Ask about birth control methods she's used** in the past, and her satisfaction with them. Has she been successful in avoiding unplanned pregnancies?

**Determine if the client wants a permanent birth control method** (sterilization) or a temporary one. If she's interested in no more children, but not sure enough to choose sterilization, she may want a long-acting method (such as Depo-Provera or Norplant).

**Ask clients who want temporary birth control methods** (not sterilization) about the following factors.

- **Frequency of needing protection** (daily, weekly, or just occasionally). Barrier methods (condoms, diaphragms, and foams) may be the best choice for occasional protection.
- **Some methods require a woman to touch her genitals for insertion**; not everyone is comfortable doing that (diaphragms/ foam).

- **Methods which require use during sex** may not be acceptable to some clients (condoms and foam).
- **Condoms provide the best protection against STIs** if she's at risk. Other barrier methods also provide some protection against STIs (such as foam and diaphragms). Use condoms with a spermicide to make them more effective against STIs and pregnancy.
- **If she's interested in abstinence**, or in methods which require periods of abstinence (such as Natural Family Planning), recommend a barrier method, available over the counter, as a back-up in case she changes her mind. Pregnancy is a time of many changes, but feelings may change after birth of the baby. This is a good time to learn about a barrier method if she doesn't have experience using one.
- **If avoidance of unintended pregnancy** is of high importance, she may want a method that has a high effectiveness rate (Norplant, Depo Provera, IUD and oral contraceptives).

Once the client has indicated which methods she is interested in, review each method.

- effectiveness (theoretical and use)
- the effects/complications and warning signs
- how to use it and how to get it
- the impact it will have on her and her partner

**Show samples of all methods she is interested in.**





### **Family Planning for the Woman Who Is Breastfeeding**

If a client plans to breastfeed, review the effect breastfeeding has on a woman's fertility. For women who breastfeed exclusively (the infant drinks only breast milk, no other food, formula or beverages), ovulation will generally be suppressed. However, since ovulation occurs before menstruation, one can not assume that as long as she has no period she is not fertile. See the Nutrition guideline Breastfeeding for information on breastfeeding and family planning.

Some women may want to rely on the contraceptive affects of breastfeeding their infants.

See Contraceptive Technology for more information on counseling women about the lactation amenorrhea method.

Birth control methods that are recommended for breastfeeding women include:

- **Barrier methods** (condoms, foam, the diaphragm) Diaphragms and cervical caps cannot be fitted accurately for six weeks postpartum.

- **Cervical caps** have much higher failure rates among women who have delivered a baby (compared to those who have not). They should not be recommended for postpartum use without informing the client of the decreased effectiveness.
- **IUDs** can be inserted within the first 10 minutes after the placenta is delivered or after the first week postpartum.
- **Hormonal methods** safe for breastfeeding women include the mini pill (progestin-only), Norplant, and Depo-Provera.

Combined pills (progestin and estrogen) may reduce the mother's milk supply and are not recommended. Some studies suggest that it's better to wait until breastfeeding is well established before starting any hormonal methods, but other studies show no decrease in milk supply even when hormonal methods are begun immediately postpartum.

- **Tubal ligation/vasectomy (for male partner)**
- **Fertility awareness**



### **Follow-Up**

**Ask about her need for birth control at the postpartum visit.**

Ask if she is still satisfied with her decision and if she has any questions about how to obtain the chosen method (if she hasn't yet). If she has not used the method before, review how to use it effectively.

### **Resources**

What is Right For You: Choosing a Birth Control Method. (English/Spanish available). This and other materials are available from:

Educational Programs Associates  
A Division of California Family Health Council  
1 W. Campbell Ave., Suite 45  
Campbell, CA 95008-1039  
(408) 374-3720  
[www.cfhc.org](http://www.cfhc.org)

Contraceptive Technology, Hatcher, R.A. et al.  
Irvington Publishers, New York. Latest edition  
available from:

Bridging the Gap Foundation  
P.O. Box 530  
Tiger, GA 30576  
(404) 373-0530  
[www.managingcontraception.com](http://www.managingcontraception.com)

*A statewide referral information number  
will refer low-income women to a clinic near  
her that provides low-cost, sliding-fee family  
planning services. The clinics also accept  
Medi-Cal.*

*Call 1-800-942-1054*

Contraceptive Technology Update  
American Health Consultants  
352 Piedmont Rd.  
Building 6, Suite 400  
Atlanta, GA 30305  
1-800-688-2421  
[www.ahcpub.com](http://www.ahcpub.com)



*Breast is usually the best way  
to feed a newborn baby.*

## Goal

### Help your client

- understand the benefits of breastfeeding
- understand her own values and perceptions about the advantages and disadvantages of formula and breastfeeding when deciding how to feed to her infant

## Background

One of the first decisions a client makes is how she will feed her newborn. Women make this decision based on information and experience passed down from family, their partner, friends, the health care staff and others. Women who will care for their own infants can breastfeed, use formula, or use a combination of the two.

Breastfeeding is the most common and accepted infant feeding practice worldwide. But in the U.S. only half of mothers begin feeding their infants by breastfeeding. Less than 20% breastfeed their infants through age 5 to 6 months. This may be due to lack of support, more mothers returning to work, less time spent in hospitals after delivery, and other factors. It can result in more infants being admitted to hospitals, more ear and respiratory tract infections, more diarrhea, and increases in other illnesses among formula-fed infants.

There are very few women who can not or should not breastfeed. See the *Breastfeeding* guidelines for a list of reasons women can not breastfeed.

If a woman chooses not to breastfeed or will not be caring for her infant, such as with adoption, she will

need to know how to care for her breasts to help the milk dry up.

## Steps to Take

### What are your feelings about breastfeeding?

Your own experience with breastfeeding may affect how well you handle breastfeeding discussions with the client. You may be surprised by the strong emotions people bring to this subject. A positive experience is helpful, but it may be difficult for you to be objective and nonjudgmental if a woman prefers not to breastfeed.

If your own experience did not go well, it may be difficult for you to sincerely support the concerns of the client without reinforcing her negative feelings about breastfeeding. It is important to identify your own feelings. It may help to discuss your experience and feelings with the health care provider and/or the Lactation Consultant in your area.

### For all clients

Ask “what do you know about breastfeeding?” to see if her ideas are based on up-to-date information or more of the common misunderstandings.

*What do you know about breastfeeding?*

*What are your thoughts about breastfeeding?*

*Do you know anyone who has breastfed her baby?*

*Have you ever seen anyone breastfeed her baby?*

*What have you heard about breastfeeding?*

Note: Avoid starting with the question “Do you plan to breastfeed or use formula?” because it will not reveal how the client made her choice. The woman does not absolutely have to make up her mind about breastfeeding before delivery. It is more important to discuss her specific concerns than to focus on her making a decision.



## Clients who will breastfeed

- Women who are already sure they want to breastfeed still benefit from support and education, particularly if they have never breastfed.
- Women who have breastfed may benefit from referrals to breastfeeding support programs later in her pregnancy or postpartum, or be a resource to other mothers.
- Refer to *Breastfeeding* guidelines for more information and for client handouts on initiating and sustaining breastfeeding.

## Clients who want to use formula

- **Ask what her expectations are for** using formula to be sure they are realistic. She may have incorrect ideas such as “formula fed infants are less clingy” or “formula fed infants sleep much better than breastfed infants.”
- **If she’s made an informed decision, support her choice.** Discuss safe and healthy methods to use such as avoid microwaving formula to prevent burns from “hot spots,” test temperature of formula on wrist, never prop a bottle, wash bottles and nipples in hot soapy water. See the handout *Keep your baby safe at home*.

## Clients who are unsure

- Help uncertain clients decide whether or not to breastfeed. Help her choose what’s right for her and her family, either now or in the near future. She might like to bring her partner or a family member to an appointment to help make the decision.
- Ask about the most important things that come to mind when she thinks of feeding her baby.

- Ask her to discuss what benefits she sees in breastfeeding.
- Ask her to share her concerns and the concerns of those close to her.
- Let her make all her comments before correcting any information that is incorrect.
- Recommend that she talk to other women who have breastfed, and watch a mother breastfeed her baby in person or on video.
- If a client wants to both breastfeed and use formula, support this choice. Share guidelines for making sure the breast milk supply doesn’t decrease.

Refer to the Nutrition *Breastfeeding* guidelines for specific breastfeeding instructions and for client handouts.

## Follow-Up

At future appointments, ask each client if she is still satisfied with her infant feeding decision. Ask if she has discussed her plans with family members or other support people.

## Resources

Resources for breastfeeding are listed in the Breastfeeding Nutrition guidelines.

*Misinformation about breastfeeding is common. Find up-to-date, accurate facts for clients.*



## **Infant Safety Seats**

Car accidents are the number one preventable cause of death in children. Children under 4 years of age or weighing less than 40 pounds traveling in motor vehicles are required by law to be in safety seats at all times. Starting in January, 2002, the law requires that all children under 6 years of age or weighing less than 60 pounds ride in a car safety seat. While it may be tempting to carry an infant in the arms or even breastfeed when traveling in a car, this is the most dangerous way for a baby to travel.

### **Steps to Take**

Ask the client if she has used an infant safety seat before, and if she can tell you about how to use one.

Demonstrate how to put an infant safety seat into a car—or better—have her demonstrate how to put her seat into her car. Use a baby (or doll) to show how to put an infant into the car seat (snug straps, blankets outside the straps, rolled blankets to secure head if needed, etc.). Be sure the client understands the basic concepts and can demonstrate.

- Safety seats must be used every time, even on the first ride home from the hospital. Be sure she has a seat by then.
- “Infant seats” can be used until the baby weighs 20 pounds. “Convertible seats” can be used up to 40 pounds.
- Infant safety seats should be installed following the manufacturer’s instructions, in the center of the rear seat of the vehicle, facing backwards.
- Plastic infant carriers, travel beds, cloth carriers (slings) are not safe, even if they are secured in the car with a seat belt.

Safety issues for babies focus on car travel and home safety. Maintaining the health of babies involves knowing when health problems are serious, when to get medical help, and keeping babies protected from serious diseases.

Help your client

- know safety precautions required for infants, including proper use of car seats
- recognize early signs of illness in infants (birth through 6 months)
- know when to seek medical and emergency attention
- understand the importance of protecting her baby with complete and up-to-date immunizations and the schedule for routine immunizations through age two
- understand the importance of taking good care of the baby’s immunization record
- know danger signs of illness in the newborn and what to do if these occur
- identify a pediatric care provider for her baby before she delivers

**The following two pages** contain information for your use when discussing infant safety and health with your client.

**Be sure to review** the Health Education handouts with the client and people she might bring along who will help with infant care. Encourage her to keep this information handy and also share it with other parents of newborns.



## Follow-Up

When the client comes in for her postpartum visit, ask if she is using her car seat correctly. If available, review the car seat instructions for use with her. Make sure she has safety seats for her other children, if needed.

Programs that lend or rent infant safety seats:

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## Resources

For more information on infant safety seats, call: Safety Belt U.S.A., (800) 745-SAFE, State of California Passenger Safety Education Project

For patient education handouts in English, Spanish, and Vietnamese call the California Center for Childhood Injury Prevention at (619) 594-3691.

## Infant Safety in the Home

Many women have infant care beliefs and practices learned from their families. For example, some parents may want to swaddle their infant frequently, or keep the infant inside, or want the infant to cry loudly to exercise the lungs. Accept practices that are not harmful.

## Steps to Take

- If the client has taken care of an infant in the past, briefly discuss the Health Education handout ***When your newborn baby*** is ill and give a copy to take home as a reminder.
- If the client has not had experience taking care of infants, review and demonstrate (when possible) safety points.

## Resources

California Center for Childhood Injury Prevention (CCCIP)  
SDSU Foundation  
6505 Alvarado Rd., Suite 208  
San Diego, CA 92120  
(619) 594-3691

U.S. Consumer Product Safety Commission  
Washington DC 20207:  
(800) 638-2772

Child Safety pamphlet  
American Academy of Family Physicians  
8880 Ward Parkway,  
Kansas City, MO 64114-2797  
(800) 944-0000

Care For Your Baby  
California Department of Health Services, available from Miller Litho  
(800) 995-4714 or (831) 757-1179

## Steps to Take

- **Help the client develop a plan for medical care for her infant.** Ask if she has a health care provider for her baby. If not, ascertain any problems she may have with her decision. See if she has reliable transportation to the health care provider.
- **Discuss infant danger signs** on the handout ***When your newborn baby*** is ill with each client during her third trimester.
- **Advise her as to when to call** for medical advice about a condition by discussing the danger signs.
- **Review where she will take her infant** if the baby becomes seriously ill on evenings and weekends, as well as weekdays. Review these points again at the postpartum visit.





## Resources

Write in phone number for any Infant CPR (Cardio-pulmonary resuscitation) classes available in your community.

*Parents' Guide to Common Childhood Illnesses*  
Association of Asian Pacific Community Health Organizations  
439 23rd Street  
Oakland, CA 94612.  
(510) 272-9536  
(Available in English and many Asian languages)

## Immunizations

Immunizations protect children from serious childhood diseases that can result in severe illness, hospitalization — even death.

## Steps to Take

- Discuss the handout *Your baby needs to be immunized* with the client during the third trimester.
- Show her an example of an immunization card and explain that her child must have this card with up-to-date immunizations to start school.
- Ask if there are barriers for her, such as transportation or cost, in having her child immunized.
- Refer her to a clinic near her home, if necessary.

## Immunization Card

Before leaving the hospital, each newborn should be given an immunization card on which to record all immunizations. This card should be brought to every medical visit and kept in a safe place at home.

Emphasize that the card will be required before the child can enter preschools or kindergarten.

## Resources

For low-cost or no-cost immunization clinics, or for up-to-date information on immunizations, call your County Health Department immunization unit.

**Write the phone number here:**

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## Keep your baby safe in the crib.

- Place your baby on his or her back when you lay him or her down to sleep.
- The bars on the crib should be no wider than  $2\frac{31}{48}$  inches apart. The mattress should be the same size as the crib. This will keep your baby's head from getting caught.
- The mattress should be firm. Do not use plastic bags to protect the mattress.
- Don't use soft toys or pillows in the crib. Your baby could suffocate.

## Keep your baby safe from falls.

- Even newborns can roll over or jerk or wiggle their way off the edge and fall.
- Never leave a baby alone on a surface up off the floor. Your baby could roll off a bed, couch, or changing table.

## Keep your baby safe from poisons.

**Your baby could breathe in or swallow poisons. Poisons can also be absorbed through the skin or eyes.**

- Call right away for help.
- If you know what your baby ate or drank, take the bottle or box to the phone with you. That way you can tell the Poison Control staff just what your baby got into.
- Have Syrup of Ipecac and activated charcoal on hand just in case. Don't give these or try to make your baby throw up, unless Poison Control or your health care provider tells you that you should. Some poisons, like lye, should not be vomited.

**Call Poison Control at  
1-800-876-4766.**

**If you forget the number,  
just call 911.**



## **Keep your baby safe from burns.**

- Do not microwave a bottle of formula or breastmilk. It may have hot spots that could burn your baby's mouth.
- Here's how to warm a bottle safely:
  - Fill the bottle only 2/3 full.
  - Put the bottle in a pot of hot water. Warm it just to room temperature
  - Shake it up.
  - Then test it. Pour a few drops on your wrist.

## **Here are more ways to keep your baby safe from burns:**

- Test bath water with your wrist before you put your baby in the water.
- Do not drink hot beverages or cook while you carry your baby. Newborns can wave their arms. Babies as young as 3–5 months old can grab things.
- Make sure your smoke detectors work. Put smoke detectors in your kitchen and in the hallway near the bedroom(s).
- Never smoke cigarettes while you hold your baby. Keep ashtrays, lighters, and matches out of baby's reach.
- Make sure to keep a fire extinguisher in the kitchen.

## **Keep your baby safe from choking.**

### **It is easy for a baby to choke on something.**

- Do not let the baby have small objects.
- Keep your baby away from plastic bags or balloons.

### **Your baby could choke on many kinds of food.**

- Don't give your baby hard foods, like hard candy, raw vegetables, or popcorn.
- Stay away from food that is just the size of your baby's throat, like grapes or hot dogs.
- Don't feed your baby sticky foods, like peanut butter or honey.

Be sure to learn how to help a choking baby. Take a class in CPR.





## Proteja a su bebé en la cuna.

- Ponga al bebé boca arriba cuando lo acueste a dormir.
- Las tablillas de la cuna no pueden estar a menos de 2 y  $\frac{3}{8}$  de pulgadas de distancia entre sí. El colchón debe ser del mismo tamaño que la cuna. Esto evitará que la cabeza de su bebé se trabe.
- El colchón debe ser firme. No use bolsas de plástico para proteger el colchón.
- No use juguetes suaves o almohadas en la cuna. Su bebé puede sofocarse.

## Proteja a su bebé de una caída.

- Hasta los bebés recién nacidos pueden voltearse o moverse hacia la orilla y caerse.
- Nunca deje a un bebé solo en un lugar que esté más arriba del piso. Su bebé puede darse vuelta y caerse de la cama, sofá, o mesa de cambiar.

## Evítele envenenamientos.

**Su bebé puede respirar y tragar cosas venenosas. Los venenos también pueden ser absorbidos por la piel y los ojos.**

- Llame de inmediato para pedir ayuda.
- Si sabe qué comió o tragó su bebé, lleve la botella o caja al teléfono. Así puede decirle al personal de Control de Envenenamientos (Poison Control) qué fue lo que afectó al bebé.
- Tenga Jarabe de Ipecac (Ipecac Syrup) y carbón activado a la mano por si acaso. No le dé estas cosas ni trate de hacerlo vomitar, a menos que el Control de Envenenamientos o su médico le diga que debe hacerlo vomitar. Algunos venenos como lejía (lye), no deben vomitarse.

**Llame al Control de  
Envenenamientos al  
1-800-876-4766.**

**Si se le olvida el número,  
llame al 911.**



## Proteja a su bebé de las quemaduras.

- No caliente el biberón de formula o la leche materna en el horno de microondas. Puede tener áreas calientes que pueden quemar la boca del bebé.
- Para calentar el biberón de un modo seguro:
  - Solamente llene dos terceras partes del biberón.
  - Ponga el biberón en una olla de agua caliente. Calíentela solamente a temperatura del ambiente.
  - Agítela.
  - Hágale la prueba. Póngase unas cuantas gotas en su muñeca.

## Otras formas de evitarle quemaduras al bebé:

- Pruebe la temperatura de la bañera en su muñeca antes de poner al bebé en el agua.
- No tome bebidas calientes o cocine mientras carga a su bebé. Los recién nacidos pueden mover sus brazos. Los bebés de 3 a 5 meses pueden agarrar cosas.
- Asegúrese de que sus detectores de humo estén funcionando. Ponga detectores de humo en su cocina y en el pasillo junto a los cuartos de dormir.
- Nunca fume cigarrillos mientras carga a su bebé. Mantenga los ceniceros, encendedores, y fósforos fuera del alcance del bebé.
- Asegúrese de mantener un extinguidor de incendios en la cocina.

## Proteja a su bebé de la asfixia.

- Es fácil que un bebé se asfixie con algo.
- No deje que el bebé tenga objetos chiquitos.
- Mantenga al bebé alejado de bolsas de plástico o globos.

## Hay varios alimentos que pueden asfixiar a su bebé al tratar de comérselos.

- He le dé a su bebé alimentos duros, como dulces, verduras frescas o palomitas.
- No le dé alimentar que apenas están al tamaño de su garganta, como las uvas or salsichas (hot dogs).
- No le dé a su bebé alimentos pegajoso como las crema de maní or miel de aveja.

Aprenda cómo ayudar a un bebé si se esta asfixiando. Tome clases para aprender (CPR).





# *When your newborn baby is ill:*

**Healthy Mom  
Healthy Baby**

## ***What to watch for***

If your baby is less than three months old, here's what to watch for when your baby seems ill.

### **Call your health care provider right away:**

- If your baby's temperature is 100.4°F or more. Take your baby's temperature by the rectum. Ask how to use a thermometer if you do not know how.
- If your baby skips two feedings.
- If your baby throws up with force, so that the vomit shoots out.
- If your baby throws up more than just "spitting up" after he or she eats.

### **Call right away when your baby has diarrhea:**

- If your baby's stools are not normal.
- If your baby has loose or watery stools.
- If your baby's stools have a very bad odor.
- If there is blood or mucous in the stools or urine.



### **Call right away:**

- If your baby does not wet at least 4–6 diapers every 24 hours.
- If your baby cries more than normal and you cannot comfort or stop your baby when he or she cries.
- If your baby does not seem as alert as normal or sleeps more than usual.
- If your baby seems weak or floppy.
- If your baby does not cry as loudly as you are used to.

### **Call right away:**

- If your baby's skin or eyes are yellow.
- If your baby has a purple rash that does not lighten when you press it.

### **Call 911:**

- **If your baby has trouble getting air in and out.**
- **If your baby's skin is turning blue.**
- **If your baby is choking.**

**Write your address and phone number near the phone.**

**That way you or your baby's caregiver can read it to the 911 operator.**



# ***Cuando su recién nacido está enfermo:***

**Healthy Mom  
Healthy Baby**

## ***Lo que debe observar***

**Si su bebé tiene menos de tres meses, ésto es lo que tiene que observar cuando parece que su bebé está enfermo.**

### **Llame a su médico de inmediato si:**

- La temperatura de su bebé es de 100.4°F o más. Tome la temperatura de su bebé por el recto. Pida que le enseñen cómo usar un termómetro si no sabe cómo.
- Si su bebé no quiere comer dos veces seguidas.
- Si su bebé vomita con fuerza y el vómito sale como si fuera un chorro.
- Si su bebé vomita más de lo que normalmente escupe después de haber comido.

### **Llame de inmediato si su bebé tiene diarrea:**

- Si el excremento de su bebé no es normal.
- Si el excremento de su bebé es aguado o suelto.
- Si el excremento de su bebé tiene mal olor.
- Si hay sangre o mucosidad en el excremento o en la orina.



### **Llame de inmediato si:**

- Su bebé no usa por lo menos de 4 a 6 pañales cada 24 horas.
- Su bebé llora más de lo normal y si usted no lo puede consolar o hacer que deje de llorar.
- Su bebé no parece estar alerta como de costumbre o duerme más de lo normal.
- Su bebé parece estar débil o aguado.
- Su bebé no llora tan fuerte como de costumbre.

### **Llame de inmediato:**

- Si la piel o los ojos de su bebé están amarillos.
- Si su bebé tiene salpullido morado que no se le aclara cuando se le presiona.

### **Llame al 911:**

- **Si su bebé tiene problemas al respirar.**
- **Si la piel de su bebé se le está poniendo azul.**
- **Si su bebé se está asfixiando.**

**Escriba su domicilio y número de teléfono junto a su teléfono.**

**De esta manera, usted o la niñera de su bebé puedan leérselos a la operadora del 911.**



# ***Your baby needs to be immunized***

**Healthy Mom  
Healthy Baby**

## **Shots can protect your baby from dangerous childhood diseases.**

Your baby could get very sick or even die from these diseases. To be protected, your baby needs a series of shots at 2, 4, and 6 months of age, and between 12 to 18 months of age.

### **Protect your baby from these diseases:**

- Hepatitis B
- HIB (meningitis)
- Diphtheria
- Tetanus (lockjaw)
- Pertussis (whooping cough)
- Polio
- Chicken Pox
- Measles
- Mumps
- Rubella (German measles)

## **Do shots really work?**

Yes. When we give children a small amount of vaccine, they can grow up without getting these diseases. Check with your baby's health-care provider. Make sure your child has gotten all the shots he or she needs.

## **Are shots safe?**

Almost all children have only a mild reaction to shots. Your child may be sore where the shot was given, or have a slight fever or rash.

A serious problem from shots is very rare. Call your health care provider right away if your child has a very high fever, a rash all over his body, or a lot of swelling where he was given the shot.

## **Schools need a record of your child's shots.**

By law, children in California must have all their shots before they go to school or day care.

Your child needs a written record of these shots. Most of the time, you will get a yellow card with the dates your child got the shots. Keep this card and all your child's health records in a safe place.



**Get your baby's shots  
on time — every time!**



## **Las vacunas pueden proteger a su bebé de enfermedades peligrosas de la niñez.**

Su bebé se puede poner muy enfermo o hasta morir de estas enfermedades. Para estar protegido, su bebé necesita una serie de vacunas a los 2, 4, y 6 meses, y entre los 12 a 18 meses.

### **Proteja a su bebé de estas enfermedades:**

- Hepatitis B
- HIB (meningitis)
- Difteria
- Tétano
- Pertusis (tosferina)
- Polio
- Varicela
- Sarampión
- Paperas
- Rubéola (Sarampión Alemán)



## **¿Son efectivas las vacunas?**

Sí. Cuando les damos a los niños una pequeña cantidad de la vacuna, pueden crecer sin tener estas enfermedades.

Verifique con el médico de su niño.

Asegúrese de que haya vacunado a su niño con todas las vacunas.

## **¿Son seguras las vacunas?**

Casi todos los niños tienen una leve reacción a las vacunas. Su niño puede estar adolorido en el área en que le pusieron la vacuna, o tener una leve fiebre o erupción en la piel.

Un problema serio de las vacunas es raro. Llame a su médico de inmediato si su niño tiene fiebre alta, le sale erupción en todo el cuerpo o tiene mucha hinchazón en donde se le puso la inyección.

## **Las escuelas necesitan verificación de las vacunas de su niño.**

Por ley, los niños en California deben tener todas sus vacunas antes de poder asistir a la escuela o a una guardería.

Su niño necesita verificación escrita de todas estas vacunas. La mayoría del tiempo, usted recibirá una tarjeta amarilla con las fechas en que su niño recibió las vacunas. Guarde esta tarjeta y todos los datos de la salud de su niño en un lugar seguro.

**Vacune a su bebé a tiempo  
¡todo el tiempo!**



## Goal

- Understand the health risks associated with multiple births
- Understand the biology of multiples births and zygosity
- Educate the client to reduce risks associated with a plural pregnancy and multiple births
- Make realistic plans for the postpartum care of the client's multiples
- Develop a support system for the client and access multiple birth resources

## Background

A pregnancy involving twins, triplets, or more is called a plural pregnancy. The birth of twins, triplets, or more is called a multiple birth. The babies themselves are referred to as multiples.

## Who Has Multiples?

The chances of having multiples are higher for:

- African-Americans/Blacks
- Women who:
  - have a family history of multiples or have already given birth to multiples
  - are aged 34 or older
  - have taken fertility drugs
  - have undergone infertility treatments such as in vitro fertilization

## What to Look For

Symptoms of a plural pregnancy may include:

- early and severe nausea
- early and rapid weight gain
- extra fetal movement
- intuition or dreams of a plural pregnancy

Pay careful attention when a woman expresses concern that she might be carrying multiples and refer her to the medical team for evaluation.

## Health Risks Associated with Multiple Birth

Plural pregnancies significantly elevate the risk for common pregnancy problems such as anemia and toxemia. The greatest prenatal risk is for multiples who share a placenta. The mother's nutrition and the pregnancy itself must be monitored carefully to reduce the greatly elevated health risks to the mother and her babies.

## Shared placenta

In a plural pregnancy, each fetus can either have a separate placenta or share a placenta with one or more others. When multiples share a placenta, they are at risk for a condition known as twin-to-twin-transfusion syndrome and other problems related to interconnection in the placenta of veins and arteries supplying blood to the babies. Multiples who share a placenta also are more likely to have birth defects or to die, risks 10 times higher than for multiples with separate placentas. It is very important that women with plural pregnancies be screened for a shared placenta by sonogram between the sixth and twelfth week of pregnancy.

## Preterm birth

Good nutrition, reduced physical activity, and quick response to the symptoms of preterm labor have been shown to reduce preterm birth of multiples. Preterm labor symptoms may be especially difficult to detect in a plural pregnancy because many normal conditions of pregnancy—fatigue, nausea, backache, changes in vaginal discharge—may be increased and confused with symptoms of early labor. In addition, the woman's muscles may be stretched so tightly that she cannot feel contractions. (See the Health Education handout **If your labor starts too early** for additional information.)





## Zygosity (identical or fraternal?)

Zygosity refers to the two basic kinds of multiples that are determined by the number of fertilized eggs (zygotes) involved in the pregnancy. Parents need to know whether or not their multiples are monozygotic (MZ), commonly called “identical”. MZ multiples can be health indicators for each other. For example, one may develop a disease for which the other may be monitored in advance. MZ twins are able to donate organs to each other without risk of organ rejection. And because they are so similar, MZ multiples may need special help establishing their individuality as they grow.

Two thirds of multiples are dizygotic (DZ), which means they come from two (di) zygotes or two eggs. DZ twins are also known as “fraternal” twins. Fraternal is an inaccurate description because they may be two girls, two boys, or one boy and one girl. DZ twins occur when the mother ovulates two eggs and each is fertilized by a sperm. These twins may be as like or unlike as any two siblings.

## Triplets, quadruplets, quintuplets, sextuplets

Individual babies in a set of triplets or higher-order multiples may all result from fertilization of individual eggs (DZ). Or they may result from division of one fertilized egg (MZ). They may also be a combination of DZ and MZ, such as 1 DZ and 2 MZ babies. Consequently, they may have individual placentas, share a placenta, or combine individual and shared placentas.

## Zygosity testing

Unless zygosity is already known, all same-sex multiples should be tested as soon as possible after birth to determine whether they are monozygotic (MZ). The best zygosity test currently available is

DNA sampling, which is not invasive and is more accurate and less costly than blood testing.

## Steps To Take

Find out how plural pregnancies are handled in your practice. If the client will be referred for high risk care, explain the process to her and at what point during the pregnancy she can expect to be referred.

## Nutrition

The mother’s weight gain during a plural pregnancy has been linked with good outcomes. The mother’s nutritional requirements increase according to the number of babies she is carrying. Research suggests that a woman expecting twins should gain 24 pounds by 24 weeks and 1.25 pounds per week thereafter. Given the woman’s prepregnancy weight, average recommended weight gain in pounds for twin and triplet pregnancies is as follows:

Note that extra weight gain during the first trimester while the babies are small and the mother’s womb

	Prepregnancy weight:		
	low	standard	high
twins	40–50	35–40	24–35
triplets	50–60	45–55	35–45

is not crowded, will assist the mother in attaining recommended weight gains. For optimal care, it is essential that every woman expecting multiples have early and regular contact with a registered dietitian to evaluate her particular needs. (See the Nutrition section for general helpful information.)





## **Exercise and Rest**

As the babies increase in size, their demands on the mother's body increase. Regular, nonstressful exercise is important during a plural pregnancy, just as it is in a single one. However, as the babies grow, it may be necessary for the client to reduce her activity level and increase the amount of rest she gets during the day. (See the handout *Safe Exercise and Lifting* in this section)

If the client has a physically demanding job or is experiencing symptoms of preterm labor, she may be required to stop work early and/or reduce her level of physical activity. Sometimes home or hospital bed rest is prescribed. Women expecting multiples need to be aware of these possibilities early in the pregnancy so that they can make plans for early work leave, help with housework, possible bed rest, care for older siblings, and shopping for baby supplies and equipment.

## **Labor and Delivery**

Obstetricians differ in the way they manage multiple births. More than fifty percent of multiples are delivered by caesarean section. It is possible for the first multiple to be delivered vaginally and the next by caesarean section.

If the babies are premature or their birth weights are low, they will be cared for in the Neonatal Intensive Care Unit (NICU). If the birthing hospital does not have NICU facilities, one or more of the babies may need to be transported to a hospital some distance away. Parents benefit from being prepared for these possibilities ahead of time and encouraged to discuss details with the medical staff. (See the *Hospital Orientation* section in the *Health Education* guidelines.)

## **Preparing for Multiples**

The arrival of multiples has a major impact on the family system. Everyone in the household can expect to suffer major sleep disruption from the demands of twenty-four-hour baby care. Parents who gather infant clothing and equipment and plan a support system ahead of time are better able to manage well during the chaotic first weeks. With sufficient help from friends and relatives and access to twin-specific information and resources, parents will have a great sense of satisfaction accomplishing a job well begun when the babies turn one.

Without help and resources, the quality of family life will suffer. Single parents and families who lack people resources must find respite help to ensure their health and safety.

## **Identifying the babies**

At first it may be difficult to tell the babies apart, even if they do not look very similar. Sleepy parents may temporarily mix them up and even feed one of the babies twice. To avoid this, it is helpful to dress the babies in different colors and/or different styles of clothing. For babies who look very similar, it is helpful to mark the toe of one with nail polish.

## **Naming multiples**

Distinctive names help people tell the babies apart and help the babies develop their own senses of who they are.

## **Clothing, equipment, and supplies**

How parents choose to dress multiples influences whether others relate to the babies as a group or as individuals. Newborn multiples are not greatly affected by the public notice they receive when their parents take them out dressed alike. However, when twins or triplets are dressed alike all of the time, they can become so used to the "star effect" that they may feel lost without their co-multiples.



The babies can share a crib while they are very small. In fact, it's a good idea because it gives them the comfort of snuggling together in their fetal position. They can also share baby care supplies, of course, but the quantities needed will be greater than for one baby. At first they won't need many toys. As they grow, they can easily share things like blocks, but they will each need their own toys—even if they are the same, like pull toys or stuffed bears.

### **Bonding**

When there are two or more babies, parents may first bond with the whole group and more slowly connect with each baby in special ways. The bonding process requires special effort by the parents to stay connected if one or more of the babies has a prolonged hospitalization.

### **Breastfeeding**

Multiples can be breastfed when the mother is willing and healthy and has sufficient help. Breast milk provides the best nutrition and immunity and is especially beneficial for premature infants. Demands on the mother's body and the time required increase with the number of babies. A registered dietitian should assist the mother in adjusting her diet to meet her increased nutritional requirements.

It can take about eight weeks to comfortably adapt to breastfeeding. By that time, the mother will have been able to experiment with simultaneous feeding of two babies using pillows to help support them. Simultaneous nursing increases the time the mother can be with each of the babies while reducing the time involved in feeding them.

Arrangements can be made to combine breast and bottle feeding to give the mother a chance to rest and recuperate from the pregnancy. If any of the babies are hospitalized, the mother will need to pump breast milk for their feedings. She will need lots of encouragement to sustain this process, which can be

difficult and discouraging in the early weeks but is ultimately worth the effort. (See the breastfeeding guidelines in the Nutrition section and Infant Feeding Decision-Making in this section.)

### **Bottle feeding**

Although other adults may be available to help, the mother will need assistance and encouragement to learn to feed the babies together so she won't have to prop their bottles when she is alone. She can sit between the twins or hold one in her lap and put one in an infant seat next to her. In the case of triplets or more, she may have to rotate them from feeding to feeding so that each has time in her arms. This insures that the babies have the benefit of regular cuddling with their mother and other caregivers.

### **Sleep**

It may help for the adults in the household to take turns sleeping through the night.

Ask a friend or relative to come and care for the babies during the evening while the parent(s) catch a few hours of unbroken sleep. Working toward getting the babies on the same schedule for feeding and sleeping will also increase the time available for rest. Exhausted parents are less likely to follow up with referrals. You can help by calling referral resources for them.

### **Siblings**

It is wise to prepare older children in the family by explaining the biology of multiples in ways appropriate to their ages and by including them in the planning. If they are old enough, they may be able to help arrange the babies' clothes and furniture as well. The babies will more easily win the hearts of their siblings if the babies come home with a small gift for each sister and brother. Young siblings especially love having their own "multiples" in the form of dolls or bears. In caring for these toys, they can safely express some of their mixed emotions about the real babies.



Parents can remind expected visitors to the family to pay attention to the older children by taping a note to the front door that says “Please talk to the big kid(s) first!”

## Transportation

Transporting multiples requires stamina and special equipment. Without a twin stroller and/or sufficient car seats, a family with multiples is in danger of isolation—unable to get to medical appointments and shop for food and other necessities.

## Disability and Loss

Disability of one or more multiples will add major stress to the family system as they learn to meet the baby’s special needs while caring for the other baby(ies). When one or more of the babies dies, the parents have the extraordinary task of mourning while caring for the survivor(s). (See the Birth Defects section and Perinatal Loss section in the Psychosocial guidelines.)

## Follow Up

- Check the client’s understanding of the pregnancy as it progresses and of the symptoms of preterm labor. Remind her of the importance of reporting any symptom to the medical team immediately—day or night.
- Refer the client to the medical team to discuss issues beyond your expertise. Help her prepare her questions and explain her concerns.
- Check her weight gain and discuss any concerns she may have about her nutrition plan. Refer her to the dietitian if she is not gaining weight appropriately.
- Review her preparations for twin care and help her connect with referrals. Encourage her to develop a support system and help her to think of ways she can comfortably ask for and accept help from relatives and friends. (Refer to the Getting ready for twins or triplets handout in this section.)

## Provide Referrals

Refer the client to both community resources and multiple-birth-specific referrals according to her particular needs. Keep in mind that, due to exhaustion, the client may need you to call for her. Refer:

- All parents expecting multiples to **Twin Services** and the **National Organization of Mothers of Twins Clubs** and give them the list of **Baby Products Discounts and Coupons**
- Women expecting triplets or higher to the **Triplet Connection and MOST**
- Women with twin-to-twin transfusion syndrome to **the two relevant support groups**
- Women who lose one or more multiples to the **Center for Loss in Multiple Birth**

## Resources

- Financial assistance, food supplements, community respite programs, and churches
- Sources of used clothing and equipment, such as second hand stores and flea markets
- La Leche League
- Nursing Mother’s Council
- Parental stress relief organizations
- Car seat programs
- Taxi vouchers
- Multiple birth specific resources
- Mothers of Twins Clubs
- **The National Organization of Mothers of Twins Clubs (NOMOTC): (877) 540-2200, refer to local Mothers of Twins clubs**, which sometimes offer support groups and/or flea market sales of used twin clothing and equipment. Video: Your Multiples and You: Conception to Six Months (available in English and Spanish).



- Parenting education and technical assistance on case management
- Twin Services: (510) 524-0863 (the TWINLINE). Publishes parenting education materials; offers training for health and family service providers; provides parenting counseling on multiple birth development, sliding scale fee. The Twin Care Handout Collection.

### **Support groups**

- The Triplet Connection:  
(209) 474-0885
- Mothers of Supertwins (MOST):  
(631) 859-1110  
Twin Hope, Inc.: (502) 243-2110  
(twin-to-twin transfusion syndrome)
- The Twin to Twin Transfusion Syndrome Foundation:  
(440) 899-TTTS
- Center for Loss in Multiple Birth (CLIMB):  
(907) 222-5321



# Getting ready for twins or triplets

Healthy Mom  
Healthy Baby

## Take care of yourself.

- Eat healthy foods.
- Drink at least 8–10 glasses of water a day.
- Get some exercise. Ask your health care provider about how much you can do.
- Stay away from heavy work and long commutes.

## It is important to rest and relax.

- Rest. Do not let yourself get too tired.
- Take naps.
- In the 2nd and 3rd trimester, rest on your left side for one hour. Do this three times a day.
- Lower your stress. Talk to a friend or a counselor.



## Find people who can help.

You will need help while you are pregnant and after your babies are born. You'll need helpers to help:

- Shop.
- Cook.
- Do the laundry.
- Clean the house.

Find out which of your relatives, friends, and neighbors can help you with the housework before and after the babies are born. There will be too much work to do alone.

## You'll also need help with your children.

### Find people who can help:

- Care for your older children.
- Bathe the babies.
- Change diapers.
- Care for the babies while you sleep.

You may qualify for community respite programs. Ask your health care provider about it.



# More about getting ready

Healthy Mom  
Healthy Baby

## Learn about twins and triplets.

- Talk to other parents with twins or triplets for tips on their care.
- Ask at the library for books on twins and triplets.
- Join a Mothers of Twins club or support group. Call 1-877-540-2200 to find out more.

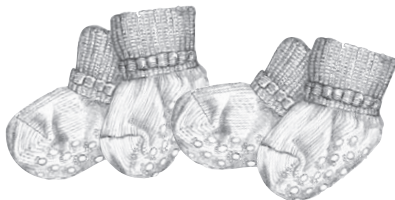
## Learn how to breastfeed.

- Breast milk is the best food for your babies.
- You can breastfeed two or more babies. Your body can make enough milk once you and the babies start breastfeeding.
- Breastfeeding gives you and your babies lots of time together. That will be good for all of you.

## Help your older children get ready for the babies' birth.

### Let them know what they will need to do to help.

- Talk to them about the babies in ways they can understand.
- Let them help you get baby clothes together and the crib ready.



## Gather baby clothes and equipment.

- Each baby will need clothes and diapers.
- They can share a crib at first.
- When the babies are small, you can use a single stroller for one baby and a baby pack for the other. Later on, you may need a twin stroller.
- Each baby needs a car seat every time they ride in a car.
- A rocking chair can relax you and the babies. Baby swings can also be a big help.

## Find ways to save money for what you need.

- Visit, or ask a friend to visit, local second hand stores for children.
- Ask the store to call you if they find a twin stroller.
- Call or ask a friend to call companies that donate coupons or sample products to families with twins or triplets.
- See the handout called "Baby Products, Discounts and Coupons." It has a list of companies who can help.

Call the National Organization of Mothers of Twins Clubs at  
1-877-540-2200

- Find the club nearest you.
- Ask your local club if they have equipment and baby clothes.





# Preparándose para sus gemelos

Healthy Mom  
Healthy Baby

## Cuídese.

- Coma alimentos nutritivos.
- Tome por lo menos de 8 a 10 vasos de agua al día.
- Haga ejercicio. Pregúntele a su médico sobre cuánto ejercicio puede hacer.
- No haga trabajo pesado o viajes de larga distancias.

## Es importante descansar y relajarse.

- Descanse. No debe cansarse demasiado.
- Tome siestas.
- En los últimos 6 meses, descanse del lado izquierdo por una hora. Haga esto tres veces al día.
- Disminuya las presiones. Hable con una amiga o un consejero.



## Busque a personas que puedan ayudar.

Usted va a necesitar ayuda mientras está embarazada y después de que nazcan sus bebés. Va a necesitar ayudantes para:

- Ir de compras.
- Cocinar.
- Lavar.
- Limpiar la casa.

Averigüe cuáles de sus parientes, amigas, o vecinos pueden ayudarle con el quehacer de la casa antes y después de que nazcan los bebés. Habrá mucho trabajo que debe hacer sola.

## También va a necesitar ayuda con sus niños.

### Busque a personas que le puedan ayudar a:

- Cuidar de sus niños mayores.
- Bañar a los bebés.
- Cambiar pañales.
- Cuidar de sus bebés mientras duerme.

Quizá califique para programas de descanso de la comunidad. Pregúntele a su médico sobre esto.



## Aprenda más sobre gemelos y trillizos.

- Hable con otros padres de gemelos o trillizos para que le den consejos sobre su cuidado.
- Pregunte en la biblioteca por libros sobre gemelos y trillizos.
- Unase a un grupo de Madres con Gemelos o un grupo de ayuda. Llame al 1-877-540-2200 para más información.

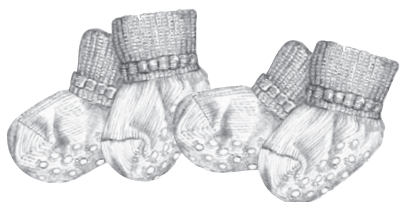
## Aprenda cómo darles pecho.

- La leche materna es el mejor alimento para sus bebés.
- Puede darles pecho a dos o más bebés. Su cuerpo puede producir suficiente leche una vez que sus bebés empiecen a tomar el pecho.
- Usted y sus bebés podrán compartir más tiempo juntos si da pecho. Esto será bueno para todos ustedes.

## Ayude a sus niños mayores. Prepárelos para el nacimiento de los bebés.

Déjelos saber cómo pueden ayudar.

- Hábleles acerca de los bebés en una manera que puedan entender.
- Déjelos que le ayuden a preparar la ropita y la cuna.



## Junte ropita de bebé y aparatos.

- Cada bebé va a necesitar ropita y pañales.
- Al principio pueden compartir la cuna.
- Cuando los bebés están pequeños, puede usar una careola sencilla para uno de los bebés y una bolsa para cargar al otro bebé en su pecho. Después, tal vez necesite una careola para gemelos.
- Cada bebé necesita su propio asiento de seguridad siempre que viaje en carro.
- Una silla mecedora puede ayudar a relajarla a usted y a los bebés. También los columpios para bebés pueden ser de gran ayuda.

## Encuentre formas de ahorrar dinero para lo que necesita.

- Visite, o pídale a una amiga que visite, tiendas de segunda para niños.
- Pídale a la tienda que le llame cuando encuentren una carreola para gemelos.
- Llame o pídale a una amiga que le llame a compañías que donan cupones o muestras de productos a familias con gemelos.
- Vea la hoja titulado “Productos para bebés, descuentos y cupones.” Tiene una lista de compañías que le pueden ayudar.

Llame a la Organización Nacional de Clubs para Madres con Gemelos, al 1-877-540-2200.

- Encuentre el club más cercano a usted.
- Pregúntele a su club local si tienen aparatos y ropita de bebé.



# ***Baby products discounts and coupons***

**Healthy Mom  
Healthy Baby**

*for families who expect twins or triplets*

Here is a list of companies that may give free products, discounts and/or coupons to families of twins or triplets (also called multiples).

## **Associated Hygienic Products**

1-770-497-9800

Offer: Coupons.

## **Beechnut Baby Food**

800-523-6633

Offer: New parent packet.

## **Buster Brown Shoes**

Offer: Parents can check with local stores for their policies. Shoe stores in general seem happy to give a discount for twins. Parents should always ask.

## **Earth's Best Baby Foods**

800-442-4221

Offer: Coupons.

## **Evenflo Products—**

### **Multiple Births**

1801 Commerce Drive

Piqua, OH 45356

800-356-2229

Offer: Coupons—return card and proof of birth for free samples.

## **The 1st Years**

### **Parent Service Center**

Multiple Birth Program

1 Kiddie Drive

Avon, MA 02322

800-533-6708

Offer: Free samples. Must have proof of birth.

## **Fisher Price**

800-432-5437

Offer: Family registry to get coupons/catalogs.

## **Gerber Baby Food**

800-4-GERBER

Offer: Coupons, newsletter, for every stage of food.

## **Johnson & Johnson**

### **Baby Products**

800-526-3967

Offer: Coupons and baby care booklets.

## **Kimberly Clark**

### **(Huggies or Pull-Ups)**

P.O. Box 2020, Dept. QMB

Neenah, WI 54927-2020

800-544-1847

Offer: Write for coupons. Proof of birth is needed. Also, proof of purchase rewards program and mailing list.

## **McNeil Consumer**

### **Products Group**

800-962-5357

Offer: Coupons for over-the-counter pharmaceuticals.

## **Proctor and Gamble (Pampers/Luvs)**

800-285-6064

Offer: Twins — diaper mailing list for coupons. Triplets or more — coupon for one time diaper sample.



# ***Baby products discounts and coupons***

**Healthy Mom  
Healthy Baby**

## **Sassy, Inc.**

1534 College SE

Grand Rapids, MI 49507

616-243-0767

Attn: Multiples Coordinator

Offer: Buy one, get one free training cup or utensils. Must have proof of birth.

## **Sandoz Pharmaceutical (Triaminic)**

800-452-0051

Offer: Packet of free samples.

## **William Carter Company**

1124 Carver Road

Griffin, GA 30223

1-888-782-9548

Offer: Multiples program for triplets or more—will send: 2 baby suits (onesies), 2 side snap shirts, 1 stretchy (sleeper with feet) per baby. Must have proof of birth.



# ***Productos para bebés:***

**Healthy Mom  
Healthy Baby**

## ***Descuentos y cupones para familias que esperan gemelos o trillizos***

Aquí está una lista de compañías que pueden darle muestras gratis de productos, descuentos y cupones a familias de gemelos (cuates) o trillizos (también llamados múltiples).

### **Associated Hygenic Products**

1-770-497-9800

Oferta – Cupones.

### **Kimberly Clark**

#### **(Huggies o Pull-Ups)**

PO Box 2020 -Dept. QMB

Neenah, WI 54927-2020

Oferta – Escriba para cupones. Necesita comprobante de nacimiento. Programa de comprobante de compras y lista de envío.

### **Beechnut Baby Food**

1-800-523-6633

Oferta – Paquete para nuevos padres.

### **McNiel Consumer Products Group**

1-800-962-5357

Oferta – Cupones para medicina sin receta.

### **Buster Brown Shoes**

Oferta – Los padres pueden comunicarse con las tiendas locales para sus pólizas. En general las tiendas de zapatos dan descuentos a gemelos (cuates). Los padres siempre deben preguntar.

### **Proctor and Gamble (Pampers/Luvs)**

1-800-285-6064

Oferta – Gemelos — lista de envío de cupones para pañales. Trillizos o más — cupón para muestra de pañales una sola vez.

### **Earth's Best Baby Foods**

1-800-442-4221

Oferta – cupones.

### **Sassy, Inc.**

1534 College SE

Grand Rapids, MI 49507

1-616-243-0767

Attn: Multiples coordinator

Oferta – Compre una taza de principiante o utensilios, reciba otra gratis. Debe tener comprobante de nacimiento.

### **Evenflo Products - Multiple Births**

1801 Commerce Drive

Piqua, OH 45356

1-800-356-2229

Oferta – Cupones - regrese la tarjeta y comprobante de nacimiento para muestras gratis.

### **Sandoz Pharmaceutical (Triaminic)**

1-800- 452-0051

Oferta – Paquete de muestras gratis.



# ***Productos para bebés: Descuentos y cupones***

**Healthy Mom  
Healthy Baby**

## **The 1st Years Parent Service Center**

Multiple Birth Program

1 Kiddie Drive

Avon, MA 02322

1-800-533-6708

Oferta – Muestras gratis. Debe tener comprobante de nacimiento.

## **William Carter Company**

1124 Carver Road

Griffen, GA 30223

1-888-782-9548

Oferta – Programa para trillizos o más—enviarán: 4 camisetas y 1 mameluco por bebé. Debe tener comprobante de nacimiento.

## **Fisher Price**

1-800-432-5437

Oferta – Registre la familia para recibir cupones y catálogos.

## **Gerber Baby Food**

1-800-4-Gerber

Oferta – Cupones, noticiario, para cada etapa de comida.

## **Johnson & Johnson Baby Products**

1-800-526-3967

Oferta – cupones y libros sobre el cuidado del bebé.







## *Health Education Materials*

The following organizations produce perinatal health education materials, or have translations of materials in other languages:

**Asian Health Services**

818 Webster Street  
Oakland, CA 94607  
(510) 986-6800

**March of Dimes**

1275 Mamaroneck Ave.  
White Plains, NY 10605  
(888) 663-4637

**Association of Asian Pacific Community Health Organizations (AAPCHO)**

1212 Broadway, Suite 730  
Oakland, CA 94612  
(510) 272-9536

**Miller Litho**

365 Victor Street, Suite D  
Salinas, CA 93907  
(800) 995-4714

**Childbirth Graphics**

P.O. Box 21207  
Waco, TX 76702-9964  
(800) 299-3366 ext. 287

**Education Programs Associates**

**A Division of California Family Health Council**

1 West Campbell, Suite 45  
Campbell, CA 95008-1039  
(408) 374-3720

**[www.cfhc.org](http://www.cfhc.org)**

**Patient Education Resource Center (PERC)**

**San Francisco General Hospital**

1001 Potrero Avenue  
San Francisco, CA 94110  
(415) 206-5400

**ETR Associates**

P.O. Box 1830  
Santa Cruz, CA 95061-1830  
(800) 321-4407

**Gene HELP Resource Center**

**State Department of Health Services**

Genetic Disease Branch  
2151 Berkeley Way, Annex 4  
Berkeley, CA 94704  
(510) 412-1502

**American College of Obstetricians & Gynecologists**

409 12th Street SW  
Washington, DC 20024-2188  
1-800-762-2264



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